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ABSTRACT

This document reports on Parkway Missouri School District's Right to Read Reading Clinic aimed at improving the reading abilities of elementary school students. The contents consist of objectives, staffing procedures, testing, diagnosis, diagnostic tests, screening tests, case report forms, remediation phases, case study, case report, counselor evaluations of selected children, dissemination procedures, and critical analysis of the project. (WR)

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RIGHT TO READ READING CLINIC

Project Number 35-72-09-0
7/1/72 to 6/31/73
September 10, 1973

Parkway School District
455 North Woods Mill Road
Chesterfield, Missouri 63017

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As a teacher and director of the project I felt it necessary to begin this report with a brief statement about the personnel working in the clinic.

A clinic must be an extension of each school it services. This means that a commitment exists between the clinic and the school.

Diagnostic services, in-service, and instruction of children with a reading disability are only terms, they do not describe the hours spent before school or after school talking to parents and teachers.

Commitment is an essential part of this project, but it cannot be measured.

I am fortunate to have such a dedicated staff.

Joan Bosa

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Objective 1 - Diagnostic services and remedial reading instruction will be provided by the clinic for 300 elementary students in the Parkway School District and 50 non-public school students from Saint Monica Elementary School and Barat Hall Private Elementary School for Boys during the 1972-73 school year.

The clinic staff was divided into two units. One set of clinicians worked in the clinic on Mondays and Wednesdays. The other group worked in the clinic on Tuesdays and Thursdays. Alternate days were spent in the schools. This organizatior was utilized to allow for the greatest use of the personnel.

To meet the objectives of the grant it was necessary to divide clinic hours into a.m. for testing and p.m. for instruction.

Schedule

Monday	Tuesday	Wednesday	Thursday	Friday
9-11 testing	9-11 testing	9-11 testing	9-11 testing	in-service
12-4 instruction	12-4 instruction	12-4 instruction	12-4 instruction	Staffing
				Parent conferences
				Case Reports

Total Diagnostic services were provided for 230 students. Initial referral and screening was given to 80 students (initial screening indicated that these students did not qualify for the projects services.) The total number of children receiving diagnostic services at the clinic and/or school was 310.

St. Monica's was the only non-public school that participated in the summer program. Barat Hall the other non-public school is no longer operating. A total of 35 students from St. Monica's were originally given the initial diagnostic test, of this number 12 students are currently receiving instruction at the clinic.

The project met its goal of providing diagnostic and remedial services for the students in both the public and non-public schools.

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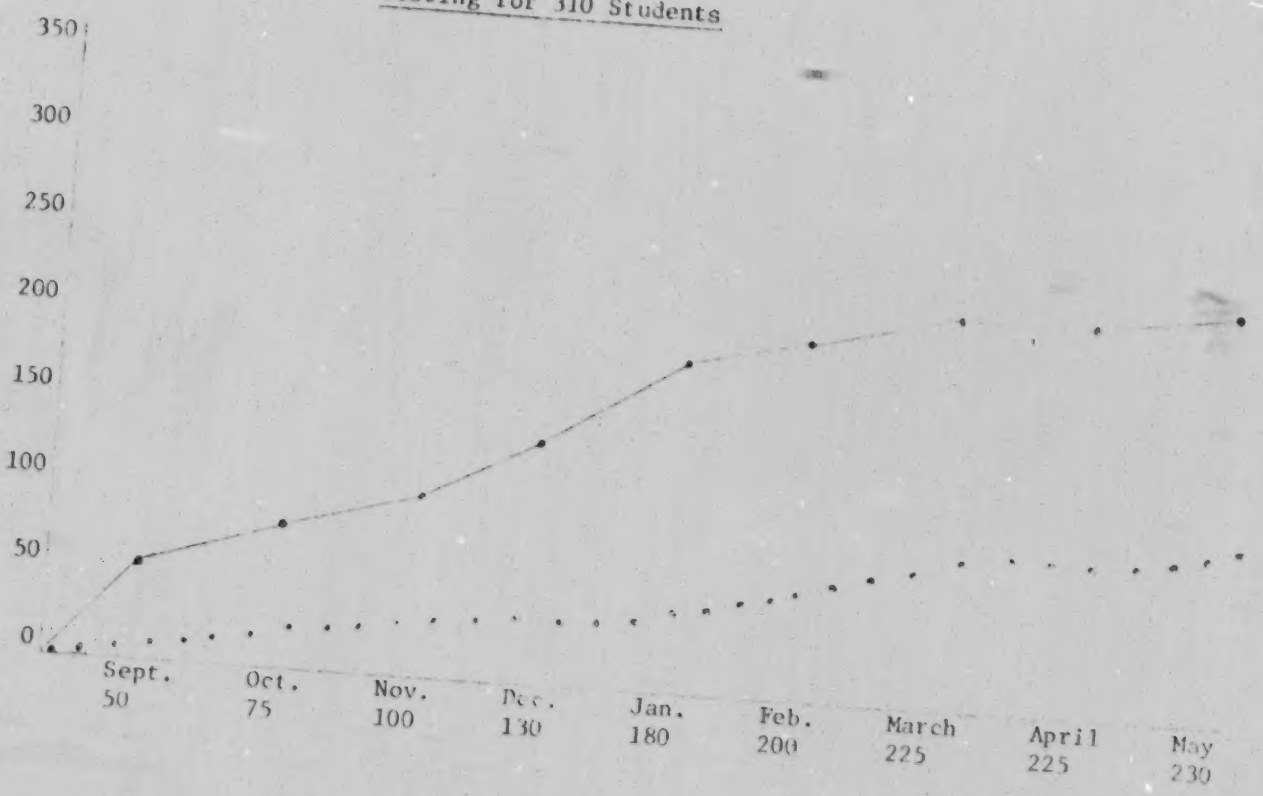

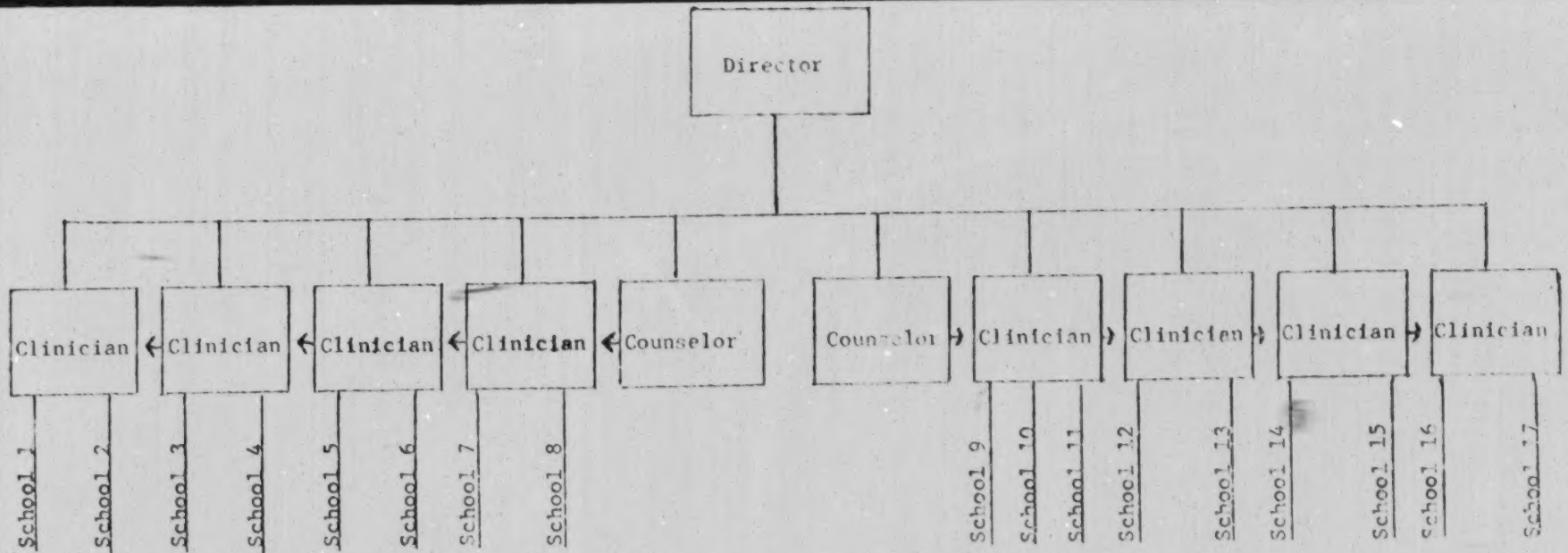

RIGHT TO READ READING CLINIC

ORGANIZATION CHART

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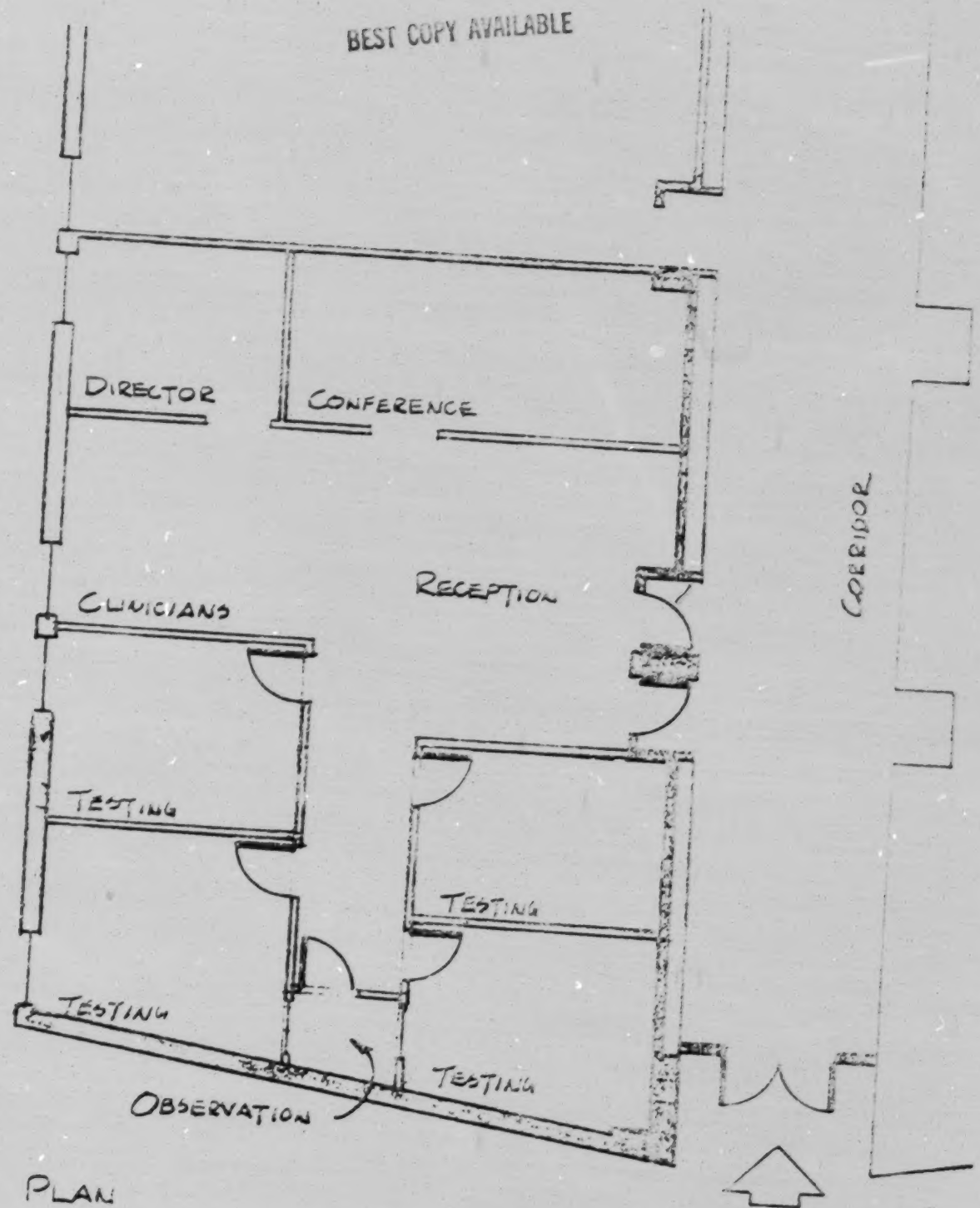

PLAN
'8" = 1'-0"

RIGHT TO READ CLINIC
PARKWAY SCHOOL DISTRICT
[illegible] MARCH, 1972

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Diagnosis Objective 2 - Diagnosis of reading disability will be made by the clinic for 300 public school students and 30 non-public school students during the 1972-73 school year.

Diagnosis was carried out in the clinic. Each child receiving clinic testing was seen by the counselor and the reading specialist. An average of fifteen hours was spent on each case.

	Interview	Testing	Writing	
Reading Specialist	1 hour	7 hours	3 hours	
Counselor	2 hours	1 hour	1 hour	
Total	3 hours	8 hours	4 hours	= 15 hours

The fifteen hours includes interviewing the child and parent, teachers, testing time and writing of the case study.

The interview of the child is divided into two phases. The counselor administers an attitude survey. The purpose of the attitude survey is to determine a child's feelings about many aspects of home, school and personal life. The reading specialist also interviews the child as a means of assessing his general attitude. This is also important to develop general rapport.

Before a diagnosis can be initiated it is necessary for a referral to be sent to the clinic. The referral is one of the most important aspects of the clinic procedure. If a referral system is not adequate the clinic could be faced with testing many children who are not truly disabled in reading.

The referral and progression chart (see chart) show the procedure that has been established in each elementary school in the district.

A large number of referrals are processed each month. All of the children referred are not tested by the clinic. When a child does not meet the general guidelines developed by the clinic for diagnosis suggestions are given as to possible tests to be administered by the school counselor.

The Parental interview is also carried out in two phases. The counselor carries out an interview that is intended to help the parent understand the basic problems that a child with a reading disability faces. Methods are discussed for helping the child through difficult periods of adjustment.

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The parent, with the help of the reading specialist, fills out a questionnaire designed to give information concerning the childs general medical background, and home background.

The data gathered during the interviews with the parent and child along with interviews with the child's teachers are necessary if complete instructional and counseling programs are to be developed.

Evaluation of a child's academic ability in an area is complex. It entails many hours of testing and staffing. Testing begins by establishing an intelligence score. The counselor administers a Slossen, Picture Peabody, and/or a WISC. The test is analysed for indicators of specific problem areas.

Often times the intelligence test can direct the staff to a set of ancillary tests for diagnosis.

The possibility of visual and auditory acuity causing the disability are screened immediately.

Each member of the staff have received training in the administration of the instruments. Currently about 5% of those children receiving screening are referred to outside medical services.

An informal inventory is given to each child as a means of assessing oral and silent reading ability. These tests are graduated in the difficulty of vocabulary presented. Also included are comprehension questions and rate. The inventory is a primary tool of the diagnostician. To continually up-grade the reading specialist ability in the use of this tool the clinic contacted Dr. Leo Rodenborn. Dr. Rodenborn presented workshops for the staff. He consulted with the teacher individually and in small group sessions.

Ancillary tests are also given to test sub-skills. The tests to be given are determined during staffing sessions with the director and counselors.

Wechsler Intelligence Scale for Children

Slosson Intelligence Test for Children and Adults

Bender Gestalt or Frostig

Fernald Test

Mills Learning Test

Wepman Auditory Discrimination Test

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Pure-tone Audiometer and Titmus Telebinocular

Berry Developmental Test of Visual-Motor Integration

Durrell Analysis of Reading Difficulty

Classroom Reading Inventory (Silvaroli)

Illinois Test of Psycholinguistic Abilities

Van Wagenen Word Learning Test

Gates Word Recognition Test

Peabody Picture Vocabulary Test

Stanford Diagnostic Reading Test

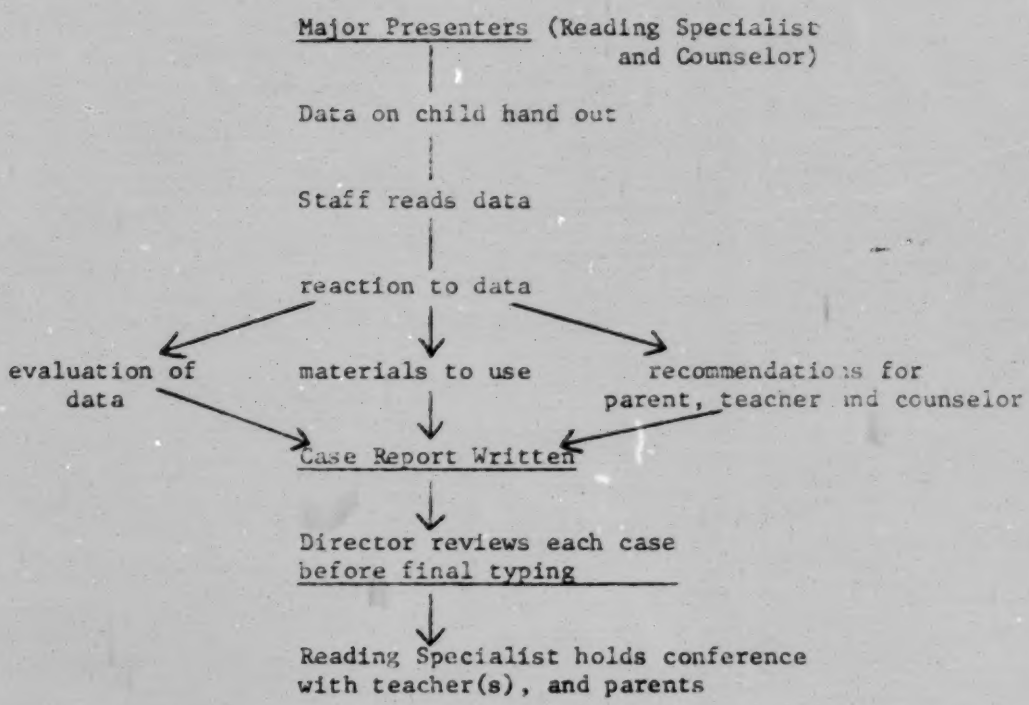
To determine the child's potential the Bond formula is [illegible] conjunction with the reading achievement score. A computer [illegible] of the formula (developed by the director in 1971) is used to lessen the time used to determine the child's potential. This is a very critical part of the diagnosis. If a child is in 4th grade and has a potential of 3rd grade 2nd month, a score on the Gates of 3rd grade 3rd month would indicate that there is no disability. This information is vital when discussing the child's academic ability with the parent and the school.

The information derived from the interviews, and testing is then drawn together for a staffing. The staffing has as its basic goals: development of a case study, and a teaching device to up-grade the skills of each staff member. The staffing can take place in two ways. Usually the entire staff takes part in the meeting or when time does not permit staffing is carried out with the director, reading specialist and counselor.

The following material has been removed due to copyright restrictions:

The Prescriptive Diagnosis Test - Form A
Beginning Reader Diagnosis Level
Non Reader Diagnosis Level
Slingerland Screening Tests for Identifying Children with Specific Language Disability - Form A [Revised Edition] for Grade 1 and beginning Grade 11
Trait Information
WISC Record Form
Score Sheet - Slosson Intelligence Test (SIT) for Children and Adults
Roswell-Chall Diagnostic Reading Test of Word Analysis Skills
Auditory Discrimination Test - Form 1
Student Attitude Survey (School)

Typical Staffing


Major Presenters (Reading Specialist and Counselor)
Data on child hand out
Staff reads data
reaction to data
evaluation of data
materials to use
recommendations for parent, teacher and counselor
Case Report Written
Director reviews each case before final typing
Reading Specialist holds conference with teacher(s), and parents

The staffings usually take between one and two hours. The staff has noted many times that these meetings are "great learning experiences."

Each member of the staff presents a case before the group. It is the intent of such meetings to use the collective expertise of the group to provide the best possible program for the student.

The following material has been developed for both clinicians and classroom teachers. It is reference and guide to help in correcting the child's difficulty.

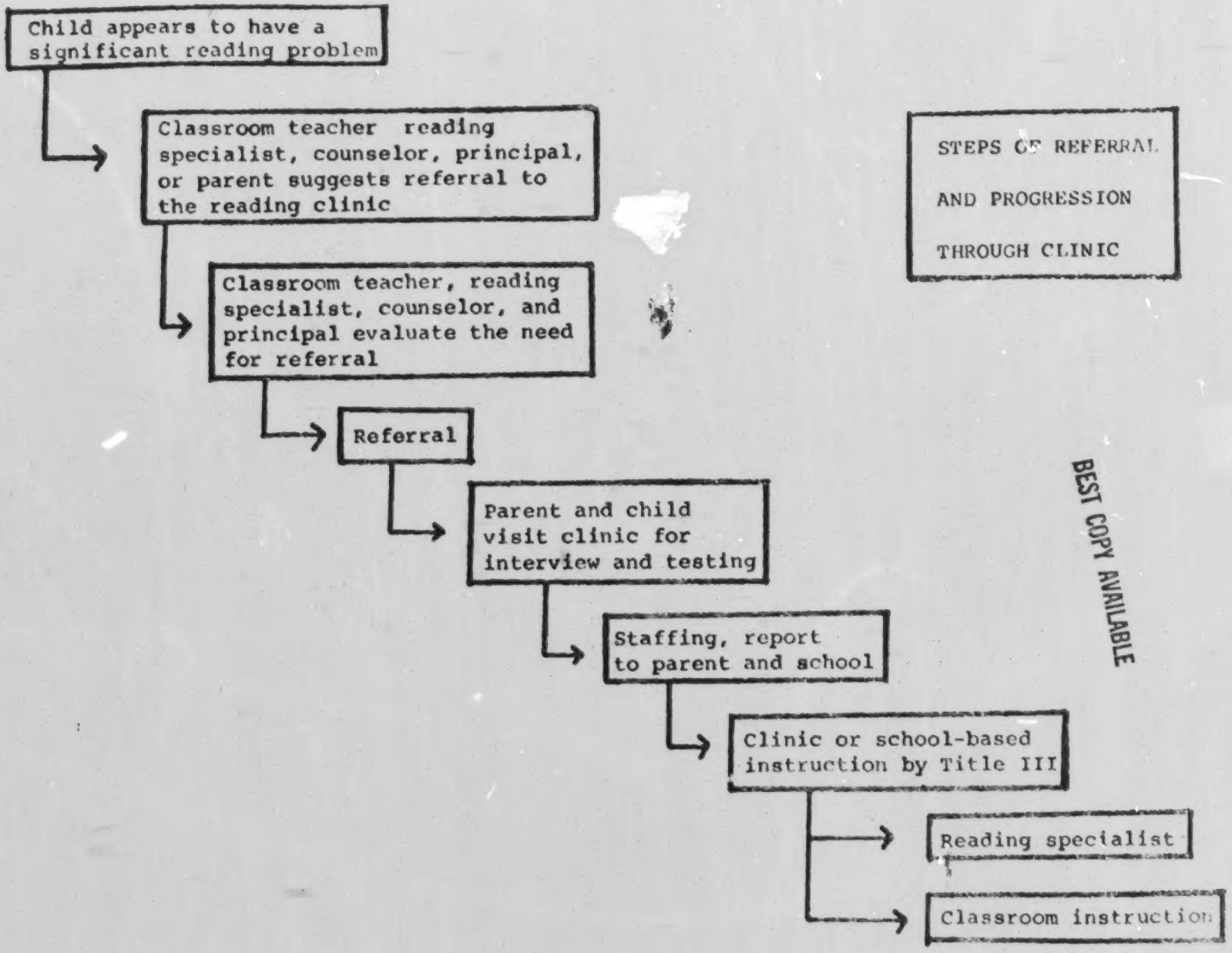
Students are referred to the clinic by the principal, counselor, and teacher of the local school. The referral is processed by the reading specialist in the clinic.

Processing includes discussions with the teacher, the counselor, and the principal. Another aspect of the initial process is the accumulation of data from the school files. Each of the specialists spends an average of two hours searching the records for information which will help develop the diagnostic testing sequence.

An interview and testing schedule is then developed by the counselor and the reading specialist. This schedule includes the interview of both child and parents.

The clinic is located in Central Senior High School. The facility has seven offices which are used as both instructional and diagnostic purposes. Each office is large enough to house two clinicians. An observation room and storage space has also been provided in the clinic.

Classroom teachers have had an opportunity to observe in the clinic. A schedule for these observations was developed as a part of in-service (see in-service section.)


Child appears to have a significant reading problem
Classroom teacher reading specialist, counselor, principal, or parent suggests referral to the reading clinic
Classroom teacher, reading specialist, counselor, and principal evaluate the need for referral
Referral
Parent and child visit clinic for interview and testing
Staffing, report to parent and school
Clinic or school-based instruction by Title III
Reading specialist
Classroom instruction
STEPS OF REFERRAL AND PROGRESSION THROUGH CLINIC

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PARKWAY READING CLINIC

Dear_____,

I am referring your child,_____, to the Right to Read Reading Clinic. The Reading Clinic staff will assist in developing an instructional program which will best suit the needs of your child.

The clinic will be contacting you within three weeks to discuss an appointment.

If you have any questions, please call the clinic at 227-2080.

Signature_____

Parkway Reading Clinic

Case Report

Client:

Parents:

Address:

Phone:

Testing Dates:

Date of Report:

Birthdate:

Age: Grade:

School:

Clinician:

Counselor:

I. General Observations:

III. Test Data:

III. Test Data cont'd:

IV. Summary:

V. Recommendations:

PARKWAY READING CLINIC

Final Report*

Name: Date:

School: Grade:

Acuity Tests	Satisfactory	Unsatisfactory
Vision Screening Test (Telebinocular)		
Hearing Screening Test (Audiometer)		

Oral Reading	Pre Test	Post Test
Rodenborn Instructional Level	_____	_____
Gray Instructional Level	_____	_____
Durrell Instructional Level	_____	_____

Silent Reading	Pre Test	Post Test
Rodenborn Instructional Level	_____	_____
Gray Instructional Level	_____	_____
Durrell Instructional Level	_____	_____

All the tests listed will not be given to each child.

Vocabulary	Pre Test	Post Test
Dolch Basic Sight Vocabulary	_____	_____
Durrell Visual Memory of Words	_____	_____
Stone List	_____	_____
Rodenborn	_____	_____

Word Attack Skills Tests	Pre Test	Post Test
Durrell Analysis of Reading Difficulty		
Word Analysis	_____	_____
Hearing Sounds or Phonic Spelling	_____	_____
Rodenborn		
Test of Structural Analysis	_____	_____
Flashed Sight Words	_____	_____
Words in Context Test	_____	_____
Phonics Skills in Teaching Sequence	_____	_____

Comment:

Phonics Skills in Teaching Sequence

Comment:

Utilizing Structural Analysis

Comment:

Additional Testing:

Comment:

NAME:

SCHOOL:

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SUMMARY SHEET---FINAL REPORT

READING LEVELS	Pre	Post
Independent reading level	____	____
Instructional reading level	____	____
Frustration reading level	____	____
Probable capacity reading level	____	____

READING DIFFICULTIES ARE IDENTIFIED BY A CHECK MARK.

Faulty word identification and recognition.			
1.	Failure to use context and other meaning clues.	____	____
2.	Limited knowledge of visual elements.		
	a. Letter names.	____	____
	b. Punctuation.	____	____
3.	Limited knowledge of phonic elements.		
	a. Consonants.	____	____
	b. Consonant blends.	____	____
	c. Long vowels.	____	____
	d. Short vowels.	____	____
	e. Vowel combinations.	____	____
	f. Controlled-r.	____	____
	g. Rhyming words.	____	____
4.	Limited knowledge of structural analysis		
	a. Compounds.	____	____
	b. Root words.	____	____
	c. Word bases.	____	____
	d. Endings.	____	____
	e. Contractions.	____	____
	f. Affixes--prefixes and suffixes.	____	____
5.	Lack of ability in auditory blending.	____	____
6.	Overanalytical.		
	a. Analyzing known words.	____	____
	b. Breaking words into too many parts.	____	____
	c. Using letter by letter or spelling attack.	____	____
7.	Insufficient sight vocabulary	____	____
8.	Faulty positional set.		
	a. Initial errors.	____	____
	b. Middle errors.	____	____
	c. Ending errors.	____	____

DEFICIENCIES IN ORAL READING.	Pre	Post
1. Poorly established left-to-right eye movements.	____	____
2. Failure to pronounce words - refusals.	____	____
3. Substitutions.	____	____
4. Mispronounciations.	____	____
5. Reversals.	____	____
6. Repetitions.	____	____
7. Omissions.	____	____
8. Hesitations.	____	____
9. Word-by-word reading--inadequate eye-voice span.	____	____
10. Failure to observe punctuation.	____	____
11. Failure to keep place.	____	____
12. Inability to comprehend.	____	____
13. Fingerpointing.	____	____
14. Head and/or body movements.	____	____
15. Signs of tenseness.	____	____
16. Distractibility.	____	____

DEFICIENCIES IN SILENT READING	Pre	Post
1. Vocalizations - lip movement, whispering, audible speech.	____	____
2. Failure to keep place.	____	____
3. Excessive regressions.	____	____
4. Reads too rapidly.	____	____
5. Inability to retell story in own words.	____	____
6. Inability to respond correctly to comprehension questions.	____	____
7. Fingerpointing.	____	____
8. Head and/or body movements.	____	____
9. Signs of tenseness.	____	____
10. Distractibility.	____	____

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BEHAVIORAL RATING SCALE

Name_____ Age____ Grade____

Teacher_____ Date_____

If the child exhibits a behavior below, please check in the appropriate space. If he does not exhibit the behavior leave it blank.

		GENERALLY	SOMETIMES
	Language - Speech		
1.	Inability to express themselves in complete sentence form (noun, verb, object)		
2.	Difficulty in expressing concepts or delivering ideas		
3.	Syntactical errors - parts of speech		
4.	Slow to begin speaking		
5.	Inability to make verbal association		
6.	Difficulty in logical sequencing		
7.	Inappropriate transfer of verbal concepts to written concepts		
8.	Immature speech patterns		
9.	Inability to discriminate between sounds		
10.	Sound blending difficulty		
11.	Inadequate auditory attending		
12.	Inadequate feedback		
13.	Reversals of sound sequence		
14.	Difficulty with sound-symbol association		
15.	Limited expressive vocabulary		
	Perceptual-Motor		
16.	Inability to stay within the lines when coloring		
17.	Inability to stay on the lines when writing		
18.	Inability to throw or catch a ball		
19.	Inability to skip, hop, or jump		
20.	Inability to go up or down stairs without putting both feet on the same step before proceeding		
21.	Inability to move about the room without bumping into things		
22.	Inability to tie shoes, button or zip coat		
23.	Inability to cut on a straight line		
24.	Inability to walk without using irregular patterns such as tip-toeing or shuffling		
25.	Inability to trace a design or picture, or reproduce it		
26.	Assumes awkward position of the body when reading, writing, or doing close work		

AUDITORY DISCRIMINATION TEST*

CHILD'S NAME _____ DATE _____ TESTER _____

(THE FIRST FOUR ARE PRACTICE ITEMS FOR FAMILIARIZATION. DISCONTINUE WHEN 3 WORDS ARE MISSED AFTER ITEM 5. - PLACE THE CHILD WITH HIS BACK TO TESTER.)

(ASK THE CHILD IF WORDS ARE ALIKE OR DIFFERENT.)

P	1.	tub - tug	10.	bass - bath	
P	2.	lack - lack	11.	tin - pin	
P	3.	gum - dumb	12.	dim - din	
P	4.	web - wed	13.	zest - zest	
	5.	sought - fought	14.	coast - toast	
	6.	shake - shape	15.	thimble - symbol	
	7.	vow - thou	16.	shoal - shawl	
	8.	thread - shred	17.	shack - sack	
	9.	wretch - wratch	18.	moon - noon	

A _____ ALIKE

D _____ DIFFERENT

FAILURE: 3 OR MORE MISSED

DISCONTINUE WHEN 3 ARE MISSED

ALL CAN BE GIVEN IF TESTER DESIRES FURTHER EXPLORATION

*Screening test used by Special District

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Audiogram

Name_____ Case Number_____ Date_____

Clinician_____

FREQUENCY

	125	250	500	750	1000	1500	2000	3000	4000	6000	8000
-10											
10											
20											
40											
50											

Right Ear (red) O Left Ear (blue) X

?

1. Seating Position: Be sure client cannot see you manipulate the machine.
2. Demonstrate what he will hear and how to signal.
3. Have client respond by raising hand.
4. Ear phone position: Be sure glasses, hair, etc. are not between the ear and the ear phone. Remember: Right ear on Red.
5. Critical hearing range: 500--4000.
6. If no response is given by the client, go to a higher DCB rating and slowly come back down.
7. If any doubt exists about validity, have the client rechecked that day.

PARENTAL QUESTIONNAIRE

Date_____

Name of Child_____ Phone No._____

Address_____
Street City State Zip

School_____ Grade_____ Birth Date_____ Age____

Name of Teacher_____ Name of Principal_____

Father's Name_____ Age_____

Occupation_____ Education_____

Mother's Maiden Name_____ Age_____

Occupation_____ Education_____

Stepfather's Name_____ Age_____

Occupation_____ Education_____

Stepmother's Name_____ Age_____

Occupation_____ Education_____

Other children who are related to this child:

First and Last Name	Age	Grade in or last finished	Schools Attended	Comments: School success, etc.

Others in the home?_____ Relationship_____

Own Home?_____Rent?_____Apartment?_____Number rooms?____

Any family situations which affect this child?_____

_____

_____

_____

_____

Any language other than English spoken in the home?_____

Which?_____

EARLY DEVELOPMENT HISTORY

Place of birth?_____ Birth Weight_____

Mother's age at beginning of pregnancy_____Number of months of

pregnancy_____Number of pregnancies_____

Any unusual previous pregnancies or births_____

_____

Mother's health during pregnancy_____

Number of hours of labor_____Type of delivery (Instruments,etc.)

_____

Any injuries_____

Any breathing difficulties_____

Color of baby at birth (reddish, white, blue, yellow)_____

At what age did this child: Creep_____

Walk alone_____Toilet Trained_____

Sit up alone_____ Say his first words_____

Talk in sentences_____ Any feeding problems?_____

Feed self_____ Other_____

HEALTH HISTORY

What diseases has your child had? Approximately how old was he and any noticeable effects which followed?_____

_____

Has this child had any serious accidents?_____

Explain _____

_____

Any Hospitalization_____ Explain_____

_____

_____

Serious high temperatures?_____

Convulsions?_____

_____

Any coordination problems?_____Discuss_____

_____

Last physical examination, Date_____ Name of Doctor_____

_____Is child on medication?_____

If so, what?_____

Findings_____

Any Speech Problems?_____ Discuss_____

_____

Eyes ever tested?_____ Date_____ Findings_____

Hearing ever tested?_____ Date_____ Findings_____

_____

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DESCRIPTION OF CHILD NOW

Approximate Weight_____ Approximate Height_____

Color of Hair_____ Color of eyes_____ Any out-

standing characteristics_____

Any abnormality in physical development?_____

CHILDHOOD PROBLEMS

Indicate how often these problems occurred in your child by encircling the letter which most clearly describes it. O indicates often, S indicates seldom, N indicates never.

Nervousness	O S N	Hurting pets	O S N	Jealousy	O S N
Sleeplessness	O S N	Setting fires	O S N	Selfishness	O S N
Nightmares	O S N	Constipation	O S N	Lying	O S N
Bed wetting	O S N	Thumb sucking	O S N	Temper tantrums	O S N
Walking in sleep	O S N	Face Twitching	O S N	Whining	O S N
Shyness	O S N	Fainting	O S N	Stealing	O S N
Showing off	O S N	Strong fears	O S N	Running away	O S N
Refusal to obey	O S N	Strong hates	O S N	Destructiveness	O S N
Rudeness	O S N	Fighting	O S N		

BEHAVIORAL HISTORY

How does your child obey at home? How does he react to discipline and how do you discipline him?_____

_____

_____

How does he get along with mother?_____

How does he get along with father?_____

How does he get along with brothers and sisters?_____

How does he react to children his own age at school and in neighborhood?_____

Does he prefer older or younger children?_____

Does he belong to any organized groups? (Boy Scouts, Girl Scouts, Cubs, Brownies, Campfire, Bluebirds, Church groups, YMCA, YWCA, etc.)_____

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Does your family enjoy being together?_____

Type of family recreation?_____

Does this child have any responsibility in the home?_____

What?_____

SCHOOL HISTORY

Where did your child enter kindergarten?_____

At what age?_____ How did he do?_____

_____

First grade: What school, what age, and how did he do?_____

_____

_____

Second grade: What school, what age, and how did he do?_____

_____

_____

Third grade: What school, what age, and how did he do?_____

_____

Fourth grade: What school, what age, and how did he do?_____

_____

_____

Fifth grade?_____

_____

Sixth grade:_____

_____

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Remediation Objective 3 - Remediation of reading disabilities will be initiated by the clinic staff for 200 public school students and 30 non-public school students during the 1972-73 school year.

The remediation phase of the clinic was carried out in the clinic and/or in the schools. The clinic schedule was organized to allow for remedial services to be carried out in the schools.

Clinic Schedule

Clinicians were on schedule A
Clinicians were on schedule B

Monday	Tuesday	Wednesday	Thursday	Friday
A clinic	B clinic	A clinic	B clinic	A & B
B school	A school	B school	A school	clinic

Remedial services were initiated for 200 students in the clinic. Approximately 160 completed instruction during the 1972-1973 grant period.

The statistical data compiled by the Parkway Division of Research will be presented in two sections. The first description will be of a general nature. The second description will present each detail in depth.

The total N presented in this study was 115. This total is less than reported under the objective dealing with instruction. This can be attributed to; children moving from the district, data sheets not totally completed, illness, and non-completion of testing.

Section One

Mean scores are reported for the entire group.

The Gates was given to all students attending the clinic. Pre-Post test results indicate the following:

Gates Comprehension - Pre-test					
Mean	2.268	Std. Error	0.106	Std Dev.	1.134
Variance	1.285	Kurtosis	2.730	Skewness	1.029
Range	6.80				

Gates Comprehension	Post-test				
Mean	2.476	Std Error	.090	Std Dev.	.965
Variance	0.931	Kurtosis	.222	Skewness	.640
Range	5.000				

Gates Pre-Score Vocabulary

Mean	3.118	STD Error	0.119	STD Dev	1.277
Variance	1.632	Kurtosis	1.900	Skewness	1.089
Range	7.200				

Gates Post-Score Vocabulary

Mean	3.341	STD Error	0.123	STD Dev	1.315
Variance	1.730	Kurtosis	0.678	Skewness	0.758
Range	7.000				

Informal Inventory Pre-Score

Mean	2.057	STD Error	0.115	STD Dev	1.238
Variance	1.533	Kurtosis	1.430	Skewness	1.015
Range	6.500				

Informal Inventory Post-Score

Mean	3.177	STD Error	0.143	STD Dev	1.529
Variance	2.338	Kurtosis	0.172	Skewness	0.795
Range	7.000				

Improvement Gates Comprehension

Mean	2 Mts.	Std Error	.06	STD Dev	.7
Variance	5 Mts.	Kurtosis	2.399	Skewness	1.07
Range	4 years 5 Mts.				

Improvement Gates Vocabulary

Mean	2 Mts.	STD Error	.06	STD Dev	.7
Variance	4 Mts.	Kurtosis	.586	Skewness	.2
Range	3 years 6 Mts.				

Improvement Informal Inventory

Mean	1 year 1 Mt.	STD Error	.06	STD Dev	.7
Variance	5 Mts.	Kurtosis	.623	Skewness	.8
Range	3 years 5 Mts.				

Mean score improvements can be noted in each area tested. The relative peakedness of the normal curve has changed indicating that a positive change has taken place. Greater changes occured in the oral diagnostic test than in the silent test. Harris (1970) indicated that this type deviation between scores is normal for the disabled reader.

Variable Sex

Male	101
Female	14
	115

Variable Grade

1st	4
2nd	24
3rd	20
4th	25
5th	23
6th	19
	115

Variable Time

1- 5 weeks	2
6-15 weeks	22
16-25 weeks	50
26-36 weeks	41
	115

Parent Marital Status

	Frequency
Divorced	11
Separated	5
Married	97
Parent dead	2
	115

Variable Approach

Phono Visual	24
Programmed Inst.	29
Lang. Experience	33
Rhebus	28
Eclectic	1
	115

Parent Involved in Program

Yes	30
No	85
	115

Child Involved in Counseling Program

Yes	20
No	95
	115

Child Involved in Group Counseling

Yes	20
No	95
	115

A random sample of 10 students were chosen in an effort to determine the difference between achievement growth at the clinic against previous achievement growth.

Number	Grade	Previous Growth	Present Achievement	Difference	Previous Growth	Present Growth
124	5	1.5 years	2.8 years	1.3 years	.37 years	1.3 years
107	3	1.5	2.8	1.3	.37	1.3
173	4	No score	2.5	2.5	.0	2.5
163	5	3.2	4.3	1.1	.71	1.1
116	4	2.3	5.4	3.1	.76	3.1
252	1	1.7	1.7	---	1.7	---
273	4	2.0	3.0	1.0	.66	1.0
175	5	3.6	5.0	1.5	.80	1.5
151	4	2.6	4.3	1.7	.71	1.7
134	6	2.6	4.0	1.4	.52	1.4
		21.0	35.8	14.9	4.70	14.9

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*Scores are reported mean scores

Previous Growth*	Present Achievement*	Differences*	Previous Growth*	Present Growth*
2.1	3.5	1.4	.47	1.4

The differences between previous growth and present growth are evident. The rate of growth has increased in almost every case. This indicates a positive achievement rate.

The variation between the Gates Score and the informal inventory has been analyzed by the clinic director and the staff in a subjective manner. The observation of students taking the Gates indicates certain common behaviors. Disabled readers are confronted with a tool that is similar to other tools with which they have not been successful. They tend to begin the test with some feeling of success but end by: marking the test at random, becoming frustrated, showing signs of fatigue, physical posture tends to become rigid.

The Rodenborn, because it is a test which is structered for teacher-pupil communication, gives the tester an added dimension. This test comes closest to becoming a power test (a test which allows a child to show maximum achievement).

Each section gives the examiner an opportunity to note behavior which cannot be analyzed from the Gates.

Because the Rodenborn sets a climate of success its results are much closer to the child's actual performance. The gain in reading growth as shown by the Rodenborn is significant.

Case Study Objective 4 - A systematic case-study will be initiated by the clinic staff for each of the 300 public school students and each of the 50 non-public school students during the 1972-73 school year.

The case-study is the heart of the clinical process. The value of the case study is directly related to the data collected and its interpretation.

Each member of a testing team is responsible for the gathering of data (see attached material)

Counselor

1. Referral
2. Dates for Testing
3. Student Attitude Survey
4. Behavioral Rating Scale (from School)
5. Parental Questionnaire
6. Intelligence Test
7. Counselor Remarks

Clinician

1. Survey Test
2. Informal Inventory
3. Interview the child's teacher
4. Test Vision and Learning
5. Word Recognition Test
6. Sight Vocabulary
7. Ancillary Tests
8. Writing of the Case Study

The amount of time spent on developing a case study varies with the individual child. Clinicians spent a major part of their time writing the case-study.

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When the case-study has been completed meetings are held with the teachers from the school and the parents.

Information gained from the evaluation and interviewing sessions are explained during the meetings.

Case studies follow a specific format (see case study). The evaluation team which visited the project in February of 1973 commented on the completeness of the case studies.

After the study has been written and the staffing (at the school) has been held the study is then given to the school counselor. The study is kept in the counselor's files. Teachers are given copies of recommendations.

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[illegible] to Read Reading Clinic

Case Report

Client:	Gordon [redacted]	Date of Report:	April 16, 1973
Parents:	Mr. & Mrs. Lovi[redacted]	Birthdate:	June 1, 1961
Address:	721 [redacted]	Age:	11-11
	Creve Coeur, Missouri 63141	Grade:	6
Phone:	878-[redacted]	School:	Bellerive
		Clinician:	John Borsa
		Counselor:	Tim Shea

I. General Observations:

Gordon, a male caucasian who is 11 years and 10 months old, was referred to the clinic because of his inability to read at a level consistent with his potential. The referral form indicated that Gordon had "some type of reading block."

The background information which follows was acquired from an interview with the mother.

The interviewer noted that Mrs. [redacted] was highly anxious. She began the interview by saying that Gordon was either "hyperkinetic or dyslexic."

Gordon's reading difficulty was noted as early as the first grade. It was reported by the parents that Gordon could not identify colors or numbers.

Mrs. [redacted] reported a generally normal birth and development. No behavior problems were reported. Gordon seems to get along well with the members of his family. He often plays with a group of children living near his house. Mrs. [redacted] stated that "he sometimes plays with younger children. These younger children make him feel relaxed."

Academically, Gordon has had difficulty from the earliest school experiences. Diagnostic tests indicated that Gordon was "hyperactive." Dr. Sheld developed a summer school program which Gordon attended. Very little achievement was noted. The interviewer asked about the possibility of having Dr. Sheld's reports sent to the clinic. [redacted] said that he would not send any reports from his clinic.

When hyperactivity was discussed, Mrs. [redacted] alluded to the possibility of her having something to do with Gordon's problem. She was very defensive about the program that her son was involved in during the past summers.

Gordon was also interviewed. No signs of hyperactivity were noted. He was very calm and reacted well to both the interview and testing situations.

Gordon knows that he is "hyperkinetic." He discussed his feelings about this problem. "The guys give me a hard time when I can't do something." "They call me "hyper". "I read very slowly." "I can't remember words unless I know the word family." He likes making things with his hands as well as participating in band. Generally, Gordon seemed overly concerned about his proportioned "hyperkinetic" problem.

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II. Test Data: (Titmus)

Right eye: inadequate
Left eye: inadequate

The test was very difficult to administer. Gordon did not successfully pass any of the tests.

Hearing Test (Audiometer)

Results of the Puretone Audiometer were adequate.

Wepman Auditory Discrimination Test

This test is designed to see if the child can distinguish likenesses and differences in words. Out of forty pairs of words, zero errors were recorded.

Roswell-Chall Diagnostic Reading Test

1.	Single Consonant Sounds:	no difficulty
2.	Consonant Combinations:	no difficulty
3.	Short Vowels:	no difficulty
4.	Rule of Silent e:	nine correct
5.	Vowels:	difficult
6.	Syllabication:	difficult

Gates MacGinitie Reading Test Survey (C)

Vocabulary	2.2
Comprehension	1.9

Rodenborn Prescriptive Diagnosis Test

1. Words in Isolation Test:

Score Equivalent 45 = 2.5

On this test, the child reads from a list of words until ten (10) consecutive errors are made. The test is used as a check on word recognition as well as determining a starting level for oral and silent reading.

2. Oral Reading:

Passages at the 2.5, 3.0, 3.5, and 4.0 level of difficulty were read. Gordon has an oral instructional reading level of 3.5. A limited sight vocabulary was noted throughout the oral section. Word analysis ability was also noted as inadequate.

3. Silent Reading:

Levels 1.7, 2.0, 2.5, and 3.0 were read silently. A silent instructional level of 3.0 was established. Gordon vocalized continually during the silent reading section. Other difficulties noted: low silent rate, poor attention, unaided recall scanty, inaccurate memories and guesses.

II. Test Data cont'd:

Dolch Basic Sight Vocabulary

Grade Equivalent: 2nd Grade

Slingerland Screening Test

1. Near Point Copying:

Gordon chose to copy the words in cursive form. Letters were well formed with a tendency to be compact. Gordon continually checked each letter he had written against the specimen.

2. Visual Discrimination:

Gordon became confused when confronted with this subtest. He would begin to work on an answer, became confused, then write the answer. He continually hesitated.

3. Visual Discrimination and Memory:

Gordon has some difficulties working from memory. Confusion occurred during b and d combinations.

Durrell Analysis of Reading Difficulty

1.	Oral Reading:	Instructional level - 3rd Grade
2.	Silent Reading:	Instructional level - 3rd Grade
3.	Listening Comprehension:	Adequate at 6th Grade
4.	Visual Memory of Words:	3rd Grade
5.	Hearing Sounds in Words:	Adequate at 3.5

Bender Visual Motor Gestalt

Adequate response

Peabody Picture

Date: April 4, 1973
I. Q. 105
Bond Formula (Reading Deficit) 5 years, 1 month

III. Summary:

From the foregoing information (tests of potential), it would appear that Gordon had the necessary general potential to read at a level which was substantially higher than the level at which he was achieving.

The Peabody Picture Vocabulary Test (M.A.), and the Listening Comprehension portion of the Durrell, indicated that Gordon understood verbal material estimated to be of sixth grade difficulty.

The area of perceptual skills was measured by the Wepman Auditory Discrimination Test, the Bender Visual Motor Gestalt, and Portions of the Slingerland. In general, Gordon did not exhibit substantial difficulties in any of these tests.

III. Summary cont'd:

Gordon's performance on skills, directly reflecting reading and related school achievement, was at a very low level.

On actual reading tests, he was classified as reading 4.0-5.0 years below potential. Sub skills (phonetic) also showed an extremely low achievement profile.

The only exceptions to his generally low achievement was Gordon's ability to understand materials read to him from 6th grade material.

In this instance, no test of emotional adjustment was administered. It did appear clear, however, that negative attitudes toward himself and reading did exist.

The examiner did not receive information of a clinical nature concerning Gordon's "hyperactivity". Without this information, it is very difficult to write a complete case study.

IV. Preface to Recommendations:

From the data gathered during the diagnostic activities, there appeared to be three (3) major assumptions on which to base the instructional treatment program.

1. In terms of general communication skills. Gordon possessed the potential to achieve reading competency well beyond the level at which he was operating.

2. Gordon's attitude toward learning and himself were such that his ability to involve himself actively in the process of learning was seriously impaired.

3. Any program initiated to aid Gordon should include parent involvement.

Recommendations:

1. Materials which help Gordon to utilize his listening ability should be used whenever possible.

   a) Reader's Digest Audio Tape - Levels 2, 3, and 4.
   b) E. F. I. - Levels 3 and 4.

2. Reports (books, etc.) might best be produced by using the tape recorder.

3. Sullivan materials should be used to build on one of Gordon's strengths, utilization of word families.

4. Gordon should have his vision rechecked.

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Recommendations cont'd:

5. High interest/low vocabulary books should be used to develop a desire to read. The following series might help:

   Deep Sea Adventures
   Jim Forest Readers
   Morgan Bay Mysteries
   Checkered Flag Series
   American Adventure Series (Selected Books)

6. Lack of Interest

   A. Lack of Previous Success
      a. Be sure the material is simple enough to insure success, but mature enough to challenge.
      b. Avoid grade labels on books used.
      c. Give graphic evidence of success.
      d. Utilize abilities.

   B. Inadequate Conceptual-Background for Interpretation
      a. Broaden conceptual background by excursions, audio-visual aids, books, stories and conversation.
      b. Encourage hobbies.
      c. Keep material within the limits of the child's experience.

   C. Material Too Difficult
      a. Adapt material to present reading level, and vary it as ability increases.
      b. Have the child write his own stories, making a book of them if he chooses.

   D. Lack of Vocabulary Sequence
      a. Attempt to have a carry-over of vocabulary from one book to another.
      b. Use books of the same series of a closely related series.
      c. Take time to establish a basic sight vocabulary.

   E. Material Below Interest Level
      a. Compose stories around the child's interest.
      b. Have him dictate or write his own stories.
      c. Provide a variety of books at his interest level.
      d. Use books which present mature subject matter in a simple reading vocabulary.
      e. Supply directions about objects he may wish to construct in order to point up the functional.

   F. Feeling Discouragement
      a. Recognize the child's good points, and give sincere and generous praise.
      b. Dramatize success; keep individual charts to show evidence of daily progress.
      c. Encourage competition only with self.

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Recommendations cont'd:

G. Over-Emphasis on Word Calling and Consequent Inability to Get Through
   a. Temporarily ignore minor errors and give attention to the central thought.
   b. Use simple interesting material.
   c. Utilize the child's original stories.

H. Lack of Cooperation Between Home and School
   a. Hold conferences to establish good working relationships with parents.
   b. Endeavor to develop their understanding of what is reasonable expectation from their child.
   c. Assist the home to obtain help, as needed, from special agencies and elsewhere.
   d. Make use of visiting teacher.

7. Word Perception:

A review of the basic principles of phonetic and structural analysis should be given with attention to practical application. Due to erratic errors, special guidance should be given in studying the whole word from left to right and noting the elements of the words. Although the general sensory approach would be auditory-visual, there is need to utilize a kinesthetic approach by writing the word carefully, and noting the order and sequence of elements.

In an effort to improve visual memory of word forms, various techniques should be tried:

1) Display of word for observation, after which Gordon is called on to find the word among a group of similar words.

2) Tachistopic work through the use of any quick flash device.

3) Typing the word for attention to details and sequence.

8. Gordon should have an intensive visual work-up.

9. An intensive clinical program should be made available for Gordon during the summer.

10. Mr. and Mrs. [redacted] should be given the opportunity to interact with the counselor. These meetings would be utilized to help Mr. and Mrs. [redacted] understand their role in helping Gordon.

Counseling Objective 6 - The counselors will initiate the acquisition of data for approximately 300 students from the Parkway School District and approximately 50 non-public school students during the 1972-73 academic year.

The resources of the counselors will be utilized in the development of communications between members of the clinic staff, parents, school personnel and outside agencies. As a child encounters difficulty in the process of learning to read, the counselor will employ the training and skill necessary to:

1.) discover the individual needs of each student referred to the clinic staff

2.) assist teachers and other school personnel in the adaptation of educational programs and methodology to meet those needs.

3.) provide direct assistance to the child in the development of self-concepts, to formulate personal goals and implement plans to achieve those goals.

An important aspect of the referral and diagnostic processes are the subjective and objective test data gathered by the counselor.

This information aids in developing a total program for each child tested.

Staffing periods were held daily to develop the rational and instructional programs needed for the child to be successful. After the oral communications (staffing) both the counselor and the clinician would write their views about the case. A final meeting would then be held to decide how the case study was to be written.

The counselors initiated programs for both parent and children. Weekly parent group meetings were offered to parents as a means of better understanding their children. Meetings of this type were successful. Eight to twelve adults usually attended these meetings. Topics delt with parent effectiveness, the disabled reader and the reading process.

Children were seen individually and in small groups. Forty-one students were seen regurlarly by the counselors. The main thrust of the meetings were to develop self-image and self-confidence.

An intern program was initiated with six high school students. These high school students acted as tutors under the direction of a counselor. (see attached initial proposal).

A questionnaire was devised to help the clinic personnel evaluate the program (see attached sheet). Approximately 50 questionnaires were sent out to randomly selected parents. The results were very encouraging. Forty-five questionnaires were returned. Very few negative comments were received. No negative comments were checked on the questionnaire dealing with the counselor.

A very close relationship was developed between the clinic counselors and the school counselors. Joint programs were held throughout the year. The close working relationship aided in keeping communication open between school and clinic.

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Counselor Evaluation of Selected Children

Attending the Reading Clinic

GORDON, age 11, grade 6:

Gordon was a well adjusted, friendly boy who came to the Reading Clinic because his mother was anxious and concerned over his reading problem and had urged the school to refer him to us. Gordon was happy and at ease during the intake interview, and displayed none of the behaviors associated with hyperactivity, even though this label had been associated with Gordon in the past.

BACKGROUND: Gordon's mother seemed the antithesis of Gordon in her behavior: she was nervous, somewhat defensive, and began the interview with the statement, "My son is either hyperkinetic or dyslexic."

Gordon has been required to participate for a number of summers in a specialized reading program, a program conducted by a person whom the mother admires very much. She was required to drive Gordon a considerable distance to this school, and once arriving, she also acted as one of the teachers. The same program continued throughout the normal school year but only on Saturdays.

When I spoke with Gordon, I asked him what the previous summer school experiences were like. He said the outdoor activities were fun, but the school work was too hard and too much of the time was spent on punishment. Yet he did not seem especially disturbed about the experience, just dissatisfied: "I do not do any better in school now than I did before."

In speaking with his mother, Gordon was described as having many difficulties characteristic of "hyperactive" children; the school, she felt, was not doing enough to correct this problem behavior.

COUNSELOR INVOLVEMENT:
PRESENT STATUS AND RECOMMENDATIONS: No counseling has been initiated with Gordon nor with his mother. Gordon will begin attending the Reading Clinic in the summer program. Efforts will be made to create a casual and child-centered environment for Gordon, with some time spent examining the relationships he has with his parents and his feelings about himself.

Counseling and psychotherapy is being offered to Gordon's parents, in hopes of clarifying their roles and their perceptions of Gordon. The main emphasis will be on Gordon within the context of the present, not within the past experiences all of them have undergone. A Gestalt-like approach will be initiated, the direction therapy takes to be determined by the parents.

Such counseling will begin in the summer program, if the parents elect to participate.

CHRIS, age 12, grade 6:

I did not meet Chris when he originally visited the Reading Clinic for intake interviewing, nor did I meet his parents. Chris and I were introduced when the reading clinician began to feel that Chris needed to develop a counseling relationship, preferably with a male counselor.

BACKGROUND: Chris is a sixth grader, well developed physically, with good coordination and mature mannerisms in his relationships with adults. His father recently died, and Chris seems to have difficulty in relating with women (his teacher, his mother); he seems also to have a hard time being free to be a child when he wishes to be.

The first day Chris and I talked, we sat in two comfortable chairs and talked as two adults would, about motorcycles and hunting. We then walked to the cafeteria and had a coke, while finishing our talk at one of the tables. The entire situation was on a semi-mature sophisticated level, but always concerning facts, not feelings.

Chris has an alder brother whom he looks to for an example of appropriate behavior. The brother is interested in hunting, motorcycles, sports, and girls. Chris' conversation is filled almost exclusively with these topics, but without any depth of understanding, almost without any personal involvement or commitment. Chris seems to feel school is a waste of time, something one goes through because it is required. But the important events in life are outside the school setting or, when they do occur within the framework called "school", it is despite the normal curriculum.

COUNSELOR INVOLVEMENT: Chris and I met once a week, and initially the meetings were frustrating for me. We talked at length but there seemed to be no movement, no change, and no depth to the words we used. A great deal of content came through, though: Chris was interested in many things involving the outdoors.

Almost by accident, a turning point came. Chris was talking about his classroom teacher, expressing criticism with no empathy for her. I suggested he show me how she treats students because I was not getting a clear picture. I played "Chris" and he played the teacher. Doing my best to give "her" a hard time, I think I frustrated Chris greatly; he was very free at entering into the role of the lady teacher, and developed insights regarding the communication blank that existed between them. Afterwards we discussed what insights had grown out of this role playing, and in addition, I talked with his teacher. She admitted not knowing Chris well and being confused as to why he was so much trouble in the classroom. I suggested (as had been revealed in the role playing) that perhaps Chris was not as slow as the class was geared for but was, instead, bright and unchallenged. Based upon this discourse, I feel, Chris was seen through a new perspective. Soon thereafter, he was transferred to a higher level math class.

Once the success of the role playing with Chris was discovered by the two of us, we continued this process at most of our meetings. At one session, with a friend of Chris' present, I presented the bare outline of a psychotherapy situation which was causing me trouble: a mother was not seeing the dynamics of a family situation clearly, and I was not able to allow any insight. Chris played the mother, his friend (Bill) played me; and then the roles were reversed: Chris was me, Bill the mother. In a third role playing, I was the mother, Chris the therapist, and Bill pointed out when we were (and were not) accurate in portraying the persons we represented. This only meant one hour, but I think it helped both Chris and myself. It helped Chris in allowing him to step outside of himself, to broaden his perspective in general; and in particular to better appreciate the content and process of our own counseling relationship. For me, the ideas which arose were later used with the mother and worked out well.

As a further example of our role playing: Chris seemed to have special concerns with death and with guns, hunting, violent acts. We therefore constructed a situation in which I was a "nature lover out living for a time in the woods, unwilling to kill any living creature," and Chris was the "city bred hunter out in the woods to make his annual kill." After a time, we switched roles. I do not pretend that either of us came to conclusions or radically altered our perspective. But I do feel that Chris left sessions such as these a bit more open, and sometimes perplexed with the idea that others saw things in ways entirely removed from the frame of reference he had been most exposed to, taught about.

PRESENT STATUS AND RECOMMENDATIONS: Chris and I have quit our counseling relationship concurrent with the ending of the school year. I feel he has grown considerably in an understanding of himself and others; some of his behaviors have changed which reflect these changes in perception. His attitude and his conversation seem more free, less restricted. I do not plan to continue counseling in the fall; of course, any future relationships with an adult who is committed to Chris would contribute to his development.

RAY, age 12, grade 6:

Ray came to the Clinic in blue jeans and a western jacket. He was apparently apprehensive, and I felt he was uncomfortable in the formal Clinic setting. I later came to believe that Ray is generally ill at ease in any formal or academic setting.

When Ray and I talked, he was pleasant, personable, but not at all open to talking about himself or his interests or abilities. Except with regard to horses. He was quietly enthusiastic about riding and the care of horses, telling me about the horses his family own and board.

The school reported that Ray was doing very poorly, not only in reading but in the other academic areas: of primary significance, they felt, was his minimal school attendance.

Ray had been in other schools and when he had difficulty due to attendance, the family moved to a new area. Therefore, Ray has never had the opportunity to grow accustomed to a particular school setting, to a given group of students and teachers as persons. A few months prior to our meeting, Ray had become a court appointee, with the understanding that further school difficulty would lead to removal from the family.

COUNSELOR INVOLVEMENT: It seemed appropriate that I enter into a counseling relationship with Ray. I therefore visited the school counselor to ascertain her feelings. She believed the prime area of difficulty for Ray was his mother and the home setting. I made a home visit.

Within the home, Ray was a different person; not more outgoing, still shy and reserved, but more at ease with himself and more confident of his abilities. He rides and cares for the horses kept on his family's land and seemed to enjoy himself at home. Ray's father seemed generally uninvolved with the family and Ray is much closer to his mother.

Both Ray and his older sister share a love of horses. She seems, however, to have turned this interest to (cultural) advantage, motivating herself in school by aiming toward a horse-related career field: reading about veterinary medicine while in high school, planning to own a horse ranch.

I first believed that Ray was having difficulty because of the schools. Because schools do not have a means of meeting the needs of kids who have interests which do not fit into the "normal" frame of reference. If he could only, I said to myself, attend a kind of vocational school where horsemanship was taught alongside of math or science.

I still feel this is a problem with today's schools: that they expect children's behaviors to meet predetermined needs, needs defined by those adults who "know best." Ray has had little say in what is done to him or "for him" in school.

But the problem became more complex for me. Ray was still not attending school and was subject to removal from the family. I talked with his mother, who told me Ray was often too sick to attend school. We became confidants of a sort, to the extent that she would fabricate stories for school personnel with the knowledge that I was "wise" to the actual situation and she would ask me not to give her away. I thought this closeness that grew up between us would be helpful to Ray.

Ray and I grew closer, too; he and his sister visited for supper one evening and we talked together for a number of hours. On future occasions, we rode horses together. Yet his school performance was not changing nor was attendance. Finally, his class was to take a week's field trip, the perfect chance for Ray to prove some things to himself on his own. When his mother called the school to let them know Ray was too sick to take the trip, I visited the home. Ray was not ill. The three of us talked, especially about the roles the two of them were entering into, with the very evident need to keep Ray close to her and the encouragement she was giving to Ray's "illnesses." But no real communication took place.

PRESENT STATUS AND RECOMMENDATIONS: Because of the lack of success I was experiencing, I consulted with the school system's social worker. We discussed Ray's situation and he agreed that it was an appropriate area for his professional talents.

The social worker clarified with the family physician that Ray's school absence was not necessary. He therefore entered into an agreement with the family that, on those days when Ray did not appear at school, he would go to the home and drive Ray to school.

As of this date, the social worker and Ray have the beginnings of a meaningful relationship based on honesty. I suggest they continue in this regard.

JOHN, age 7, grade 1:

Very young, even younger than his age, John came to the Reading Clinic because of difficulty reading in the school. I talked with John and with his mother. The two of them seemed the stereotype model of protective mother and dependent child. And yet a sensitivity to one another came through as well as an openness to change.

BACKGROUND: The conversation which took place during our first meeting consisted of John telling me wild tales of his escapades. When I told John I enjoyed his story telling but suspected they were not based on fact, he freely admitted this was true. We talked some about the distinction between fibbing/story telling and lying: he was already aware of a difference, saying you do the former for fun, the latter to avoid being in trouble.

John's mother was looking to me for a definition of John's problem: emotional, neurological, whatever. She was convinced he has a problem. Well read in education, she was anxious to prevent John from being hurt by any difficulty he encountered. But she was open and responsive when we discussed possible role conflicts: mother versus teacher. She was attempting at home to teach John enough to allow him academic success in school, but she admitted the possibility of forsaking her role as supportive person in his self concept development. Too, she was quick to see her overprotective behavior in relation to her son, and said she would attempt to change.

There seemed to be, however, too sudden changes in the mother's views and convictions, as if she were looking to Reading Clinic personnel to play the role of expert. Therefore, in future conversations, the reading specialist and I attempted to place responsibility (and underlying justification) for decisions on John's mother.

COUNSELOR INVOLVEMENT: I entered into a counseling relationship with John, to meet with him a few minutes each day after (or before) he received reading instruction. We spent our time together during these few meetings allowing him to structure the time as he found suitable. The relationship is too new to perceive any change. The reading clinician has seen change in John's behavior in the reading situation and she believes further change will come about quickly.

PRESENT STATUS AND RECOMMENDATIONS: Counseling began only a few weeks ago, and was suspended because of summer school break. It will resume in the fall if John attends a school within this public school system. His mother has talked with us of a possible change in schools, moving John to a private school wherein he could receive more individual attention. At this time, no firm decision has been made.

BRYAN, age 7, grade 2:

Like many persons who are perceived as having problems, Bryan had been examined a number of times by various professional persons (psychiatrists, psychologists) before coming to the Reading Clinic. The referral was made by school personnel with much encouragement from Bryan's mother.

INTAKE: At our first encounter, Bryan was active in creating a relationship. Yet he did not appear at ease with himself. I did not feel he minded coming to the Clinic nor talking with me, yet he had a difficult time. It was as if he wanted to express strong, powerful feelings, but did not know how. When I encouraged him to do whatever he liked, he was agitated and uncomfortable. Too, when I set limits for his behavior, he was unable to confine his behavior within the limitations imposed. Much of our communication was physical rather than verbal: pushing, holding, wrestling. Bryan was an appealing boy, blond hair and blue eyes. And yet he had a disheveled look, messy and tense. His actions were hard for me to feel comfortable with; and yet some feeling of warmth and affection existed beneath all the activity, a feeling we both seemed to share although neither of us mentioned it.

In talking with Bryan's mother, she appeared to be an emotional and sensitive person. She possessed a lot of insight into children in general and her children in particular, insight which she was able to verbalize in an intellectual manner but which I felt she did not hear herself. That is, her insights were not a part of her person, not inner values by which she could act. She was able to state things clearly, but her interpretation of them was inconsistent: "Bryan used to read to me but I didn't enjoy it, so he quit; and I didn't want to push him, independent of her not enjoying it.

Bryan's father was not present for the initial interview. The mother said he works in the family store, six days a week, for long hours; but that he is actively involved with the family.

Bryan's teacher expressed concern over his physical abuse of other children and his lack of control in the classroom.

COUNSELOR INVOLVEMENT (Child): Because of the concern and confusion expressed by Bryan's mother, it was suggested that counseling be initiated with both herself and her son.

I saw Bryan on a weekly basis, concurrent with his visits to the Reading Clinic for remedial help with the reading specialist. Soon after he began visiting the Clinic, the school suggested that an itinerant teacher from Special School District work with him in school. Because I believed, as did others, too much attention was being focused on Bryan's "problem behavior", and because much of his problem seemed centered on his relationship with his mother, I discontinued any formal counseling contact with Bryan, although we often saw one another: in the Clinic, at his school, and on those occasions when he would

come of his own volition to my house to talk, play games, go for walks.

As mentioned, various professionals were involved with Bryan. The family had been in group counseling prior to Bryan's Reading Clinic experience. Too, Bryan had previously been on medication for "hyperactivity", but was not taking such medicines when we first met. A month after initial contact, the school counselor called to tell me Bryan was being considered for placement in Special Education classes. I therefore visited Bryan's classroom, to observe his behavior; visited the Special Ed classes to decide for myself if such placement seemed warranted. I did not think Bryan belonged in Special Ed classes. Therefore, I conferred with Bryan's teacher, the Special School District personnel, Bryan's school counselor and his principal, and his family. It was at this time that the joint decision was made: placement in Special Ed classes seemed inappropriate at this time, and in addition too many persons were working with Bryan. All persons agreed (a rare happening!) that Bryan should remain in his regular classroom, while receiving daily aid from a Special School District teacher.

I talked with Bryan about this matter. He seemed very open to the idea and, too, expressed a general unhappiness over the numerous kinds of negative attention being shown him.

COUNSELOR INVOLVEMENT (Parent): Bryan's mother and I met weekly for a period of seven months. On occasion, Bryan participated in these meetings, to help both mother and child see and understand the dynamics of their relationship. For the most part, the counseling with Bryan's mother became an attempt at establishing a relationship which would help her to (1) accept herself more and (2) be more capable in relating to her family.

Principle concerns expressed in our encounters were (a) the relationship between both parents; (b) the intense need for approval that she seemed to be governed by; and (c) the inconsistent structuring of Bryan's life style.

With regard to the parents relationship, Bryan's mother and father met in the evening with my wife, Portia, and myself, for family therapy sessions. Portia's and my role was that of facilitator, and although we were active participants in the communication which took place, we were able to point out what we felt was happening: someone's comment being overlooked, a feeling only allowed to be half-expressed, the games each person fell into (following the Transactional Analysis model of parent-adult-child roles and their consequent games). These meetings are still valued by the persons involved and will continue to occur as long as they are meaningful.

The mother's need for approval was dealt with in individual counseling sessions. The initial covert attempts at attention through sexuality and inappropriate flirtation was discussed, with reference to our relationship; her relationship with other adult males; and the relationship with her children.

Much of our time was devoted to creating a trust relationship between us, one of "unconditional positive regard" (Rogers), wherein she could come to realize that my acceptance of her was not based upon any expectations other than that she be her self. This is not to say-that all behaviors were accepted without any value judgements or emotional responses on my part. Rather, a balance was sought: that my judgements of her behaviors were mine, could be different from her own, and did not lessen my regard for her as a person. The hope was that my acceptance of her would allow her to come to the same kind of self-acceptance, while encouraging an independence relative to other's value judgements. Recently, I called her to tell her I could not see her for an appointment. Earlier in our relationship, she would have (I feel) accepted this fact because of valuing our relationship without regard for her own feelings. On this occasion, however, she said she was hurt and disappointed because she had something important to share. Not the manipulative hurt of a childish person; just the clear honest expression of feelings.

Structuring of Bryan's life-style: although I believe that children (all persons) need a great deal of freedom within their environment, to discover ways of being that best suit their individual personality, at the same time they require a kind of structure. The American Indian talks about the underlying stucture in a seed that enables a flower to grow to be itself. In Bryan's case, there was too little consistency in the amount of structure he was to live within, and he had too little choice in what structures he was to believe in.

Bryan's mother and I talked of this, and she tried to clarify her expectations for him. An example: she talked of the children, Bryan included, not listening to her, not paying attention to requests or orders. I suggested she say something only once, forcing the child to listen or miss out on the communication. At the same time, I kept Bryan at my house for a weekend, using this same style of communication: saying something that I felt would mean to him, once only, such as "We will go swimming at one o'clock if you let me know when it is one," or "If you don't come out of the pool now, we will have to go home." (He didn't come out, we went home.)

A part of this relational difficulty related back to her overconcern for what other people thought of her actions, including what her children thought. As she became more accepting of herself, less concerned over others opinions, she was able to freely act as a mother in relationship to her child. Able to make more realistic expectations of their relationship, rather than demands.

As she began to realize that she was of worth, she talked less, was less repetitive in her speech, allowed others to talk while she listened. Which, in turn, caused others to listen more when she spoke; increasing her regard for her own expressions. Some of the circle was being broken.

PRESENT STATUS AND RECOMMENDATIONS: Bryan's behaviors have changed, in many ways dramatically. His reading has improved enough that he no longer works with the Clinic reading specialist. His acting out and physical demonstrations have been reduced. He is, however, again on medication, and seems withdrawn into himself. His mother feels he expresses his emotions in a more verbal way, yet I believe he has pulled within himself some in terms of relating to others. I am unsure as to how much of this withdrawal is medicinal, and how much might be due to a blaming of himself which he did not appear to do before.

The relationship between Bryan and his mother is little improved. She does seem more relaxed with herself, more willing to live by her own values, less self-conscious. I believe she now needs to learn to carry this openness back into the family relationships, to clarify whether to remain a member of the family or to separate herself from the family. I would favor further counseling help: individual psychotherapy with the mother; no individual therapy with Bryan, but conjoint family therapy for the family. This would be with the immediate family only, not with other parents in a "parent group" as such a method has not proven successful in the past.

JOE, age 9, grade 3;

Because Joe was referred to me for counseling after the initial intake at the Reading Clinic, I was not a member of the group who interviewed and examined Joe. He was sent to the Clinic because he had difficulty in reading, difficulty in an academic setting in general, and because the reading difficulty seemed closely related to emotional problems that Joe was experiencing.

BACKGROUND: Joe lives in a Children's Home and attends public elementary school. Both of his parents are living, and he visits each of them on separate, infrequent occasions. Relationships between Joe and his parents are apparently strained because school personnel and personnel from the Children's Home report that Joe's behavior is very erratic after family visits.

There are thirteen children in Joe's family, some of whom he lives with in the Home. His brother has recently come to live with him and to also attend the same elementary school that Joe attends.

Various kinds of therapy have been tried with Joe. He has experienced tutoring sessions, special classroom attention, short term psychiatric intervention therapy, and work with the school counselor.

I have not met the other members of Joe's family, only Joe, and therefore could not give any insight first hand into the dynamics of the family. Joe's life in the Children's Home is generally highly structured, the closest relationships being those among peers. Joe is close to two other boys and often displays concern when they are not present during counseling sessions.

COUNSELOR INVOLVEMENT: I first met and worked with Joe in a reading-related situation at the request of his reading clinician. He is a sensitive, quiet boy whom I quickly developed strong feelings of affection for. During our first meetings, I learned that direct questioning was threatening to Joe and he would remain silent; if, however, he were allowed to initiate conversational topics and to also determine the depth we would pursue a subject, our communication was open, spontaneous, highly personal at times. I also quickly learned from Joe that academic work (in this case, reading) had to be presented in an indirect manner, with Joe allowed to determine the pace of involvement. Joe and I spent over a month of our first meetings in building a rocket.

This project was one in which Joe was highly enthused: a kit rocket which the Reading Clinic specialist had purchased for Joe, which Joe and I assembled at a slow pace, spending much time talking, discussing every imaginable subject matter.

During the process of constructing the rocket, if Joe made any mistake he became very angry with himself. It could appear to me to be an insignificant matter, but it would infuriate Joe. For example, while painting a part of the rocket, he dripped some paint on a part he had not planned to paint: he threw the brush against the wall and refused to paint any further, to do any more work on the rocket that day. I worked toward accepting and understanding Joe's feelings:

"That really made you angry to drip that paint."
"I don't want to do any more!"
"You're so mad you'd rather not work on the rocket any more."
"I can't do anything."
"The rocket looks good, Joe."
"No it doesn't. It won't fly."
"It might not, but it looks to me like it will."
"When will it be done?"
"When the paint dries. Maybe next time we meet....."
"We can fire it next week? Can we fire it next week, Tim? Can we?"
"Sure, if it's ready in time...."
.....
"Did I do this wrong, Tim?"
"What's that, Joe?"
"Did I put this fin in the right place?"
"No, I think it's upside down, isn't it?"
"Yep, I guess it is..."
"You character, you put it on upside down..."
"Yah, I sure did..."

In reading this transcript through, the significance doesn't come through as strongly as I would like: I felt it was great movement for Joe to openly admit an error without blaming himself; taking responsibility without letting it throw him into anger.

After finishing the rocket and firing it with success, Joe asked if his two closest friends could learn to build rockets, too. I told him I had no time but if he wanted to teach them, I would help as much as I could. He agreed but said he could not remember all the steps we went through, so we went over the steps. Afraid he would forget some, he made notes of his own accord and then used them, read them, to the other two boys while they constructed their rockets. Joe was reading in a useful purposeful manner without having anyone other than Joe tell him to.

I felt Joe's esteem with his friends was in good order, but I valued the times we two spent alone. Therefore, Joe and I continued most of our counseling in one-to-one relatedness which Joe said was good as long as there were times, too, with his friends. We did group work with the other two boys and with any outside person they all had difficulty relating to: on one occasion, a teacher who was frustrated by their active behavior and who also frustrated them. We all met and all were able to openly express some feelings, make some constructive suggestions; communications and relationships improved from the perspective of the boys and the teacher.

Individual counseling with Joe was usually out-of-doors. We would walk through the woods, where I picked some flowers for my wife. Joe asked what I was doing and seemed somewhat doubtful of the value of picking some flowers. But when some of them were out of reach for me, he climbed up the bank to get them without my asking him to do so.

We went to a restaurant to prove to Joe and myself that he was capable of mature behaviors when the situation really demanded it and when it was not the mere whim of an "adult." Joe visited my home for dinner and talking and a game of checkers. All in an attempt to fill relational needs that were totally lacking in Joe's environment.

Joe seemed to have matters that troubled and concerned him. But he taught me not to push. If he began to talk about a personal subject and I appeared too anxious to listen, he made a quick subject change. If, however, I acted only a little interested, he would try out his thoughts on me. In this way, we slowly, carefully became friends.

PRESENT STATUS AND RECOMMENDATIONS: I think it is essential to continue relational work with Joe. He has grown a great deal in openness. And the perceptions of others around him have changed, which helps the way he is allowed to function in social situations. I plan to continue work with Joe over the summer, and into the next school year if warranted and if Joe wants.

Joe's teacher pointed out to me that, even when he does not appear to be listening, weeks later he will mention some aspect of a class or a conversation. He is proceeding with great caution in his relationships, not trusting any of them to have a lasting value. For the time and place Joe is in, this is an understandable and somewhat healthy response, until he grows more capable of understanding that he is more a master of the meaning in relationships than he has been led to believe in the past.

Persons working with Joe would do well to play it very straight with him, treating him as a peer in many regards. He is bright and highly knowledgeable in the affairs of human relationships. Yet, he is also a boy who needs to live within certain trust filled surroundings at least a few hours a week where he can play without the pretense of the hard shell, the withdrawn or explosive act. He knows when he is acting out these "games", and therefore he is not "emotionally disturbed", but he does need to realize that others, too, know it is an act and that they believe he is capable of more reality in his relationships. When <u>he</u> feels he needs to be.

Name: Joe Age: 9
School: Fernridge Grade: 3

Joe arrived for the initial day of testing accompanied by the director of the General Protestant Childrens Home. Joe was immediately interviewed by Mrs. Burkemper, the counselor. A Student Attitude Survey was administered, and it was discovered Joe was unwilling to initiate any information about himself willingly. His manner was reserved and cooperative to a point. Joe previously responsive to questions on the Survey, began crying when asked to talk about his friends. It became apparent this issue was painful for Joe. A period of 15 minutes had elapsed before Joe could begin to compose himself, at which time he was offered a drink of water which he readily accepted. Upon returning Joe seemed composed but still tense, withdrawn, and uncomfortable. He pulled away from the counselor's touch and made it known he did not desire physical contact.

The school counselor felt that Joe was very up tight especially around women. Joe has had a number of negative experiences involving women. He has been disappointed in his relationships with women in the past. The Clinic counselor has maintained a strong communicative relationship with the school counselor, and is most grateful for this insightful and helpful relationship. A great deal of background information was an essential ingredient in properly understanding and evaluating Joe's behavior.

A follow up was undertaken also by the Clinic Reading Specialist, Mrs. Carlson, and the Clinic Counselor, Mrs. Burkemper. The follow up included a visit to the Home and interview of Mr. Warren. This provided a current basis for Joe's evaluation, also.

Joe, although not completely outgoing or gregarious is exhibiting more friendly behaviors towards school and Clinic personnel. Of particular interest is his new attitude towards women. Although still guarded in his relationship, is attempting to "work through" his fear and dislike of women. There are still areas that Joe needs further attention and improvement, but the initial breakthrough has been made.

The recommendation for continued counseling and non academic activities is strongly advised. Either through the Clinic or the School, Joe should continue to receive support and encouragement from the counselors and general staff. A counseling relationship, at this time however, should be pursued by a male figure. When Joe, through example, learns he <u>can</u> trust women, a female counselor should be substituted.

Name: Randy Age: 9
School: River Bend Grade: 4

Randy was interviewed on the first day at the Clinic. While engaging in conversation, it was observed that Randy was definitely unenthused about being at the Clinic. Randy was responsive to questions, but did not initiate any opinions as to how he felt about "things". Randy smiled only once, indicating he was uncomforable with the situation. Mrs. Stuart, during a private interview, had reported on Randy's past medical history with a great deal of concern. It seemed she was overprotective concerning Randy. She seemed to speak of him in a patronizing manner, admitting she does tend to baby both of her children. Mrs. Stuart spoke freely about her children and their problems. She projected herself as a very sincere and concerned person. Recommendations for counseling and independent work were discussed and agreed upon. It was also suggested Mrs. Stuart attend group counseling with the clinic counselor, Mrs. Burkemper. She was found to be a very sincere, willing, and grateful participant, offering a good deal of introspection and insight.

Presently, Randy is a child who is pleasant, and talkative, contrasting his original behavior. He is enthused and proud of his progress, and is now willing to read for his family as well as for others in the Clinic. He has demonstrated a good deal of emotional growth, and has indicated that he is well on his way to greater improvement in reading.

Randy is sincere in his efforts and a nice, all-around boy. It is expected he will continue to progress in his educational and emotional growth.

It is recommended that Randy continue in his correct reading program. Encouragement is the key to motivating Randy. Any activity which promotes positive reinforcement and a "good feeling of success" would be highly valued. Home and Clinic Consultation should continue on a fairly regular basis, also.

Name: Brian Age: 7
School: Robin Hill Grade: 2

Brian was accompanied by his parents to the Reading Clinic on September 20, 1972. The purpose of the visit was to follow up the referral of the school in diagnostic testing procedures and counselor interview and evaluation.

The Clinic procedure began with the counselor interviewing Brian. A Student Attitude Survey was administered which revealed a negative attitude concerning school and himself. Especially interesting was Brians' perceptions of his unpopularity at school. He verbalized that "not many children like me." His self concept seemed lacking in strength also, as he was unwilling to reveal any weak academic areas. He stressed that he was not behind in any subject. His dislike for school was noted, as he reported he would not come to school very much if given a choice.

Brian was asked to choose three animals he would like to be like. His choices were a "buffalo with sharp horns so I could buck things, a dog with sharp claws and lots of teeth for him to hunt and kill things by himself, a snake - so he could catch people by the head and suck their blood, and a bird who can fly and watch things and people below." Throughout the year, it has been the experience of the counselor that these types of animals are rare choices, his reasons even rarer.

Brian gave the counselor the family constellation listing a two and four year old sister. Brian at age seven is the oldest child. Although Brian did not admit to feeling badly concerning his schoolwork with friends, he admitted feeling "terrible" when any reference was made concerning his school performance at home. When asked if there was anyone who made him feel smart, replied my first grade teacher. (Later it was learned from Mrs. Jobler that it had been suggested Brian be retained in the first grade.)

Brian indicated feeling "pushed aside" by his two younger sisters. He revealed he no longer sits on his father's lap because he weighs too much, but "Amy and Lynne sit on his lap." He revealed a desire to be a baby again by indicating he would like a baby - like when he was a baby.

Throughout the interview Brian engaged in much unappropriate giggling and laughing.

Brian participated in free discussion with the counselor and revealed "there are children who make fun of me." He feels "sad when this happens, and doesn't know why they do it." He reported telling his mother and teacher, but "telling on the children didn't help." "My first grade teacher wouldn't do anything about it."

Dr. & Mrs. Jobler were interviewed and reported past academic and sibling problems with Brian. The Jobler's seemed sincerely interested in helping Brian, and it was suggested they attend a parent discussion group which deals with academic, social, and emotional problems. Also recommended was active participation for Brian in a counseling group at school to help work through the feelings of inferiority, and build self esteem. Learning to get along and relate with others could also be improved through the group process.

Brian has been observed in reading remediation by the counselor. Inappropriate mannerisms and verbalizations were still apparent. Brian seemed, however, to "light up" with the least attention. It was difficult for Brian to openly express his delight and appreciation for special attention, although it was obvious he was pleased.

As a follow up on the counselor recommendation for group counseling, a proposal was initiated suggesting the school counselor place Brian in a group. He agreed to this proposal if the Clinic counselor could participate as a co-leader. This is how it was done. There was a total of eight Counseling sessions, and Brian was found to be an active participant concerned with helping others solve their problems. Initially, Brian seemed somewhat confused and lacking in a clear understanding of the origin and dynamics of social situations.

Through the discussion and encouragement of the group members, Brian has demonstrated remarkable insight into his problems. He was cooperative and inspired to "try out" suggestions offered by group members.

At the close of the eight week session, Brian no longer engages in inappropriate giggling and laughing, and is exibiting emotional growth by reaching out to people, and allowing them to respond to him in a positive and caring way.

Brian has achieved considerable insight and growth into his problems, and seems better prepared to cope with future problems. The experience was also helpful in terms of creating a situation which encouraged and approved of his "speaking out" and expressing his real feelings.

Brian has demonstrated a clear understanding of his identity and his relationship to family members and social situations. This should prove to be a helpful experience for Brian as his family is moving out of town and Brian will be making a change in schools. Brian still needs strong, encouraging support, and with this atmosphere it is expected he will continue to grow socially and emotionally, and be better equipped to handle new problems and situations.

Name: Bret
Grade:

Age:
Grade:

Bret was administered a Student Attitude Survey by the counselor. His facial expression revealed he might have been somewhat confused, but was willing to complete the survey with the counselor. Bret was negative generally about how he felt about school. He expressed negative feelings concerning classmates, and reported several unpleasant incidents involving his peers and school personnel. Bret revealed that he "gets bossed around by all boys." Also, he stated some people yell at me and are not very polite. He also wished he "would not have to go to school anymore." His responses revealed a refreshing honesty and sincerity, and was very helpful in assessing his attitudes concerning school.

Mrs. Miller and the counselor discussed many of the issues that seemed to bother Bret, and she presented herself as a very concerned and interested parent. She was especially concerned with Bret's ability to get along with teachers and students.

During the course of Bret's instruciton at the Clinic, the counselor maintained close contact with the reading clinician and school counselor. His behavior was systematically observed at the Clinic, and counseling was coordinated with reading instruction. Through this observation and contact it was learned that Bret does indeed experience frustration and reacts somewhat negatively to being pressed to perform. Therefore, pressure has not been useful in getting Bret to perform. Instead, a very gentle but slightly firm approach has been the key to motivating Bret to function. Bret will perform and desires to please those around him, generally. However, pressure even in a minimal form, has not proven successful. A belief that Bret <u>can</u> do the work pleases Bret, and motivates him to try new tasks. His behavior at the Clinic has very definitely improved, and he now presents himself as a cooperative and willing worker, given the gentle teaching techniques. Rebellion and refusal to work has been eliminated because of this approval.

Presently, Bret has worked through a good deal of his peer conflicts, which will enhance his self concept. He seems to show a genuine pride in his completed assignments, and requests the counselor to listen to his reading. He shows with obvious pride his written work also, and enjoys discussing his progress. Bret is very pleased with seeing the counselor in his school, and beams when he realizes the reason for the visit is him. The teachers and parents are very pleased with his academic and social progress, also. Bret seems happier and more at peace with himself, and it is highly recommended Bret continue his current program in reading and counseling.

Name: Chris Age: 7
School: Ross Grade: 2

Chris was interviewed by Mrs. Burkemper, the counselor. Chris revealed that he likes school, but the response was void of enthusiasm. Chris seemed reserved and cautious in the warding of his responses.

Mrs. Holstenberg substantiated the suspician that Chris had been holding back his real feelings. She reported that Chris has been experiencing reading difficulties since kindergarten. She talked about much fighting at home between the children, but was unaware of peer problems at school.

A consultation visit was made at the school to discuss Chris and his situation. The school counselor added to understanding Chris.

The follow-up recommendations included counseling for Chris. Mrs. Holstenberg revealed she would approve of this recommendation, and expressed her support of and fondness for Carolyn Bertram, the school counselor.

It was also recommended that Mr. & Mrs. Holstenberg participate in a parent group. This experience should prove helpful in smoothing family relationships between parent and children. A referral was made and it is hoped that these suggestions will be pursued.

Name: Kathleen Age: 6
School: McKelvey Grade: 1

Kathleen was interviewed by Mrs. Burkemper, the counselor, at the Reading Clinic. It became apparent that Kathleen's feelings about school are confused. She spoke softly and without enthusiasm concerning school related subjects. She seemed rather discouraged when discussing reading, and seemed negative in her opinions of her work and herself.

Mrs. Smith reported Kathleen's reading difficulties had been apparent since kindergarten. She believes she is liked by teachers and classmates, but feels Kathy is unhappy because she can't do the work. Mrs. Smith describes Kathleen as very emotional and defeated. Kathleen cries when she is frustrated. She has had some visual and auditory difficulties, and has been evaluated at the Litzenger Clinic.

Since Kathleen's confidence is quite low, it is strongly recommended that Kathleen participate in the summer program. A reading/counseling approach should be coordinated. Kathleen needs to experience success and the positive benefits and rewards of knowing she's improving her skills.

Name: Shawn Age: 9
School: Mason Ridge Grade: 4

Shawn arrived at the Clinic accompanied by his mother. Mrs. Burkemper, the counselor, interviewed Shawn and administered a Student Attitude Survey. Very early in the interview it became apparent that Shawn was experiencing anxiety concerning school. Shawn reported he wanted to get an education because he wants to get out of school and get a job. He talked about the school personnel being over him and in control. This apparently was restraining to Shawn, particularly since he is experiencing difficulty in completing his work. Shawn summed up his feelings by commenting, "if a kid wants an education, he will learn without teachers making you work."

Concern about success is valid to some extent, but Shawn indicated much worry in his abilities. When questioned about what worries him the most, replied whether I get good grades or not. At that point, Shawn was asked if anyone ever made him feel smart. He replied, "sometimes, although he couldn't remember when."

Shawn's typical response style was extremely pensive, seeming to indicate a certain degree of thoughtfullness, or anxiety. He was extremely attentive, and cooperative throughout the interview maintaining good eye contact. Shawn is also a well-mannered boy, who should be a pleasure to work with.

Mrs. Egan and Mrs. Burkemper engaged in conversation, also, and it was learned that Shawn is a boy everyone likes. She believes Shawn is an intelligent boy who is hard working. She revealed that she had been helping Shawn with his reading, but knows that this is frustrating to him.

Mrs. Egan characterizes Shawn as a boy who "wants to be number 1, the best, and is impatient with other children who can't do as good a job." She expressed deep concern for Shawn, and assured the counselor of her cooperation for whatever would be best in terms of a remediation program.

A conference was scheduled between the school counselor and the clinic counselor, and suggestions were discussed and agreed upon. The interaction with the school counselor was extremely valuable, and produced new insight and information helpful to coordinating a total reading/counseling program for Shawn.

Pressure of any kind should be avoided, focusing on the positive areas that provide positive reinforcement. Shawn is very interested in art, and enjoys pursuing activities relating to art. This interest should be considered a part of his total program.

Institute a reading program whereby relatively short term success is attainable for Shawn.

Parent participation is recommended in a group situation which allows for the sharing of ideas and experiences to be exchanged and discussed between other parents of children at the Clinic. This suggestion was discussed at a later date with both Dr. and Mrs. Egan, and a follow up conference was also

Shawn cont'd:

scheduled for the purpose of discussing this possibility. As of now, the Egan's have not participated. This particular segment of the program was recommended because of the sibling rivalry and pressures of expectations Shawn was and is experiencing. It is most unfortunate that this recommendation had not been carried out.

Group or individual counseling is also recommended to help Shawn work out his negative feelings concerning school. Shawn appeared to be very down on himself, and lacking in self confidence. In the summer program, group counseling will be conducted by Mrs. Burkemper, and it is planned that Shawn will participate.

Name: Doug Age: 7
School: Ross Grade: 2

Doug arrived at the Clinic, accompanied by his mother. Doug was very responsive to the questions on the Student Attitude Survey. Doug smiled frequently and was very charming, friendly, polite, and pleasant. He reported he liked first grade the best because he received lots of stars on his papers. He seems to be aware of his difficulty in school, although he did not specify "reading." He revealed that he worries that he won't finish assignments on time. He has a special frined, Chris Hostenberg, whom he admires and would like to be like. He also reported that Chris Jones is "nice to me" and lives close by. He reported that Chris helps Doug with class work.

Generally, Doug was very pleasant and sincere, making the interview a most enjoyable occasion. Mrs. Wittnam describes Doug as a child who responds beautifully when treated with a "caring attitude" by others. But, can behave emotionally, without tears of anger when he isn't treated kindly. "Doug asks for trouble, too," particulary with sister Dana. Mrs. Wittnam is concerned with Doug's emotional response reaction to situations that occur. The youngest brother "thinks Doug is wonderful," but describes brother relationship as a hate "relationship." Doug seems to resent brother when he "keeps him from doing what he wants to do." Mrs. Wittnam believes relationship is "more positive when I'm around."

Mrs. Wittnam expressed concern for Doug's social relationships with other students. In the past Doug felt he hadn't had any friends, but at present may have a few friends. Mrs. Wittnam believes Doug "thinks he has more friends than he <u>really</u> has." Mrs. Wittnam feels Doug's attitude towards school is "good" but wonders how long it will last.

Rec: Group Counseling for Doug. Parental Counseling for Mrs. Wittnam at the Clinic.

Mrs. Wittnam participated in a parental group session at the Clinic, and added much to the quality of the discussions. She was happy to report improvements in her relationship with Doug. Doug will not be involved in the summer program.

Name: Scott Age: 10
School: Robin Hill Grade: 4

Scott arrived at the Clinic accompanied by his mother.

Scott engaged in conversation with Mrs. Burkemper, the counselor. Scott maintained a consistently unsmiling and frowning facial expression, and initiated no spontaneous conversation. He limited his verbalizations to respond to questions, offering no free comments. Scott appeared very uptight, not at all relaxed. He exhibited some denial of what really bothered him in terms of school performance, also. It seems his difficulties are not limited to reading. He talked about how difficult math is for him. Scott speaks enviously of his sister who has no difficulty in school.

Mrs. Gerling and the counselor discussed Scott, and she provided valuable background information.

Mrs. Gerling revealed the second grade teacher originally made known to her Scott's reading problem. "The teachers reported to Mrs. Gerling that Scott feels beat down." "He feels he will make a mistake, before he answers." "Everyday he faces failure, but continues to try." "Teachers have felt he can't compete with his own grade level." Mrs. Gerling reported being surprised at the teachers comments. It seems evident Scott believes little in his own abilities.

Mrs. Gerling revealed there is "much fighting and rivalry between Scott and his older brother, Terry." Theresa however, is very helpful to Scott with school work, and he seems to enjoy and appreciate her interest.

Mrs. Gerling and the counselor enjoyed a very illuminating and pleasant discussion. The recommendations were discussed, and it is felt she will be most cooperative and interested in any action undertaken in Scott's behalf.

Recommendations:

1. Positive reinforcement for any efforts displayed should be provided. It is felt, at this time, Scottie does not have a positive self concept about himself or school. If Scott believes he is dumb, he needs to be provided with the kind of atmosphere that will minimize failure and maximize success: These kinds of reinforcement are recommended at home and school. His hesitating may reflect his fear of making mistakes. With a warm, accepting atmosphere. Scott may learn not to be as fearful of making mistakes, and learn that the consequences are not as grave as once thought.

2. Group counseling is highly recommended and will be pursued at the Clinic this summer. A vehicle for learning to accept his successes and failure, but most importantly to learn to accept himself as a worthwhile, intelligent and sensitive human being. Believing in himself and his abilities seems to be the "key" to Scott's future performances at school, home, and life.

3. It is recommended that Scott tutor his twin brothers in the alphabet, and any otehr skills appropriate for the twins and Scott. This positive relationship should be encouraged, and should prove helpful to Scott in terms of deriving a positive, rewarding experience from the interaction.

Scott cont'd:

4. Specified household duties; such as, setting alarm for school, trash removal, cleaning room, etc. should be discussed and decided upon. Assuming responsibility for these activities would provide a feeling of worthwhileness and success, and will generate to the classroom.

Name: Mark Age: 10
School: Craig Grade: 4

Mark was administered a Student Attitude Survey and revealed a positive attitude toward school. Social science was mentioned frequently as the area of dislike and difficulty, although Mark did not feel he was behind in any subject. Mark indicated he had several friends; Jeff particularly was the person he said he would "like to be like." His reasons revealed "Jeff is smart and in the highest reading and math group." Mark reported he finds "reading the subject he most likes, and enjoys doing during his free time." When asked what the counselor could say to his mother that might help him he replied, "teach me how to read better."

Mrs. Gersten revealed "Mark has been slow in reading since the first grade." She reports "his papers are better this year, except in reading." Mark gets upset if he makes bad marks, but he tries very hard." "He likes to do good." Mrs. Gersten states that Mark likes math, and has always done well in math. She believes his attitude concerning school is good remarking, "he likes school and has never missed a day except for holidays." Mrs. Gersten revealed the relationship between "Gay and Mark has improved in the past year." Mrs. Gersten felt that in the past "Gay was pushy towards Mark."

Mrs. Gersten describes Mark as "very helpful and willing at home. Mark has requested that he be permitted to cut the grass this summer. Mrs. Gersten responded to this request by saying, "when you are twelve years old." She feels this activity is too dangerous for a ten year old boy.

Recommendationss included participation in a parent group at the Clinic. Mrs. Gersten attended and was found to be very open to suggestions offered by Mrs. Burkemper and the other members. She has learned to trust in Mark's abilities and judgment. She remarked that she finds she is relaxing more with Mark and is enjoying her relationship more than ever before. Much progress is evident, and it is believed Mark's cooperation and academic progress will continue.

INTERN TEACHING PROGRAM

INTRODUCTION

The practice of one student teaching another is becoming increasingly popular. It is not a new concept (the early Greeks used such cross-age tutoring programs extensively) but, with the coming of the industrial age, its use was restricted. A technological and economic cultural bias urged us to view education as logical, sequential, and standardized; and to in turn perceive "educated students" as a finished end product (rather than as individuals at various stages of a process). Accompanying this viewpoint was a desire for the most efficient and predictable means of forming and end product; this bias continued to maintain credibility as seen in the popularity of behavior modification techniques and behavioral objectives.

More recently, some educators have grown disatisfied with technocracy and its scientific world view, and have encouraged an examination of basic values and a concern for the person in the process of education. And the encouragement of personal value formation comes through the quality of the relationships between persons.

A PROPOSAL AND ITS RATIONALE:

I am suggesting that we utilize Interns to assist in our work with the children here in the clinic. These Interns would come from the Central Senior student population, and participate in an Intern Teaching Program (I.T.P.).

In these past months, it has become increasingly obvious that, for many of the children, inadequate self concept is a contributing factor in their reading difficulty. I feel the attention of a high school student, freely

given on a voluntary basis, would be meaningful to a child who has experienced feelings of inadequacy, who has felt that others see him as worthless until even he himself has come to believe in his lack of worth.

The use of students as Interns to supplement the work of reading specialists has specific educational validity in that, often times, teachers who learn along with their students (as these Interns would be doing) experience empathy with the learning difficulties of their students, lend credibility to the belief that both teacher and student are undergoing a learning process, and avoid the tendency toward overshadowing the student.

Too, children may be able to identify with a high school student (often times with greater ease then identification with adults). The high school student is, first of all, a student rather than a "teacher," and is therefore not in the role of an authority figure. Many students of high school age are undergoing adolescent problems of identity crises and self concept formation, problems similar to those felt by the children who visit the clinic. Thus a relationship between child and Intern can be one of mutual understanding and aid. Rather than one person giving help to or imposing help on another, which leaves the child indebted, they share their help.

Use of high school students as Interns has further obvious advantages: (1) they are readily available, having freely offered their help on numerous occasions and being located in the same facility; (2) Mr. Lawrence Giles, principal of Central Senior High, has made a special point of volunteering their services; (3) other reading clinics have used the services of such Interns with success (e.g. Jennings Learning Lab and Denver's Title III Lab).

GUIDELINES AND DEFINITIONS:

Guidelines are needed, to assure that all the persons concerned with children in the clinic do understand what we are attempting to accomplish. And, too, each person involved must know what freedoms and limitations effect

him. Because we have not before worked with an intern program, guidelines set down now will need revision as the actual teaching takes place. Hopefully we will grow, change, find new directions, and our understanding of what we are about will change.

GOALS:

The fundamental goal of helping children read incorporates specific components which go toward a child making progress in reading:

a.) improving a child's self concept, that he believes in his abilities (and is able to accept his limitations without being burdened by them).

b.) encouraging the attainment of specific reading skills, when such skills are not within the particular child's repetoire and this lack seems to handicap his reading.

c.) demonstrating to each child that he is an individual valued for being his or her self, and

d.) at the same time allowing the child to see that he is not alone in having difficulty reading, and that he has valuable abilities others may not have.

SELECTION OF CHILDREN:

Selection of children to participate in the Intern Teaching Program would have to be based on a knowledge of the child and his perceptions, feelings, and needs. The reading specialist in the clinic would be best able to decide if a child would benefit from a peer-teaching program. Criteria for the selection of a child might include the concerns:

1.) would a close interpersonal relationship be highly beneficial to this child?

2.) could a relationship between this child and an intern possibly enhance, in turn, the relationship between child and clinician?

3.) are there certain reading skills the child needs which readily lend themselves to an intern learning situation?

4.) are there areas of self concept development that might be allowed to grow through this experience?

5.) would it be possible to maintain as open and ongoing relationship between the three persons immediately involved: child, clinician, intern?

6.) would the child like to work with an intern?

If it is felt that an intern teaching experience would be valuable, parents and appropriate school personnel, and of course the child, would be informed as a part of the normal case study report.

SELECTION OF INTERNS:

Because it is important that the learning process, the relationship between elementary student and high school student, be a sharing based on mutual need, interns would be selected by the clinic director and counseling staff on the basis of personal interviews between clinic counselor and high school student, on recommendations from reading clinicians and high school counseling staff, and should involve those high school students who display: an empathy with younger children, some confusion with their own self concept, and the ability to relate in a congruent manner giving unconditional positive regard to the children.

Therefore, individuals would be chosen for an intern role by the clinic director and counseling staff:

(1) through personal interview between the counselor and the individual high school student, and through their ability to meet the needs and criteria determined by reading clinicians.

(2) based upon discussion with personnel in the Central Senior Counseling Center.

(3) based upon the commitment interns were willing to make to the children, critical because of the inherent value of the intern-child relationship (for many of the children, relationships with other persons have been disappointing and indefinite).

TRAINING OF INTERNS:

Professional training of the high school students selected for the internship is important because of the need to keep the work they accomplish consistent with the values and objectives of the reading clinic, and because of the assurance it can lend to those persons involved in the learning experience. It is assumed, too, that the enthusiasm and involvement brought to the learning situation can be supplemented by specific skills.

Training would include training seminars and a mutual observation program.

The training seminars, as conducted by the counseling staff of the reading clinic, are an ongoing aspect of the Intern Teaching Program. Initially, they would consist of organizational meetings wherein the goals and functions of the clinic would be discussed, along with the needs and aspirations of the interns. Beyond this initial general meeting, seminars would allow practice of reading techniques and relational skills. The suitability of techniques, the determination of which methods would best meet the needs of the child, is best determined through discussion between appropriate clinical staff. Reading clinicians will be invited to seminars to contribute their professional insights.

A mutual observation program implies a two-way approach to observation. That is, interns would participate in actual clinical work between reading specialist and child, viewing the behaviors of the child as well as the style/techniques of the clinicians.

In a similar sense, the reading clinician would observe the abilities and skills of the intern, as he/she interacts with a child. In this way, a mutual exchange of insights and skills takes place.

Further, the couselor responsible for the Intern Teaching Program would conduct training sessions and would make personal observations of relationships between intern and child (and intern and reading clinic staff).

EVALUATION

In determing the value and success of the Intern Teaching Program, the opinions of the clinic director, reading clinicians, and counseling staff would be sought out. Specific critical evaluation as to changes in reading skill would become evident through the already-established clinic evaluation procedure. But, as important, changes in self concept resulting from the relationship between intern and child will be examined and evaluated by the child and intern themselves, as well as by the director and his personnel. As the I.T.P. gains momentum, further formal tools of evaluation might be incorporated (e.g. self-concept tests, personality inventories).

SUMMARY

There may be a need for additional written statements of the purpose and methodology of our Intern Teaching Program. Significant contributions to the "how" of such a program will become evident as we experience children relating with interns. Insights gained from such experiences will constitute the basis of further formal guidelines.

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RIGHT TO READ READING CLINIC

Name _____

Check one: ☐ Parent ☐ Student ☐ Other

Date: _____

Clinical Procedure	Yes	No
Was the clinic schedule realistic and convenient for you? Comment:	☐	☐
Diagnosis		
1. Do you feel the diagnosis of your child was appropriate? Comments:	☐	☐
2. Were counselors/parent interviews and conferences meaningful? Comments:	☐	☐
Instruction		
1. Do you feel the clinician's work with your child was effective? Comments:	☐	☐
2. Have you noticed improvement in reading skills at home or at school?	☐	☐
Communication		
1. Did you feel sufficiently informed of the diagnostic case study findings?	☐	☐
2. Did you feel adequately informed of the clinics function?	☐	☐

In-service Objective 5 - In-service education will be provided for 195 classroom teachers, administrators, and counselors by the clinic staff during the 1972-73 school year using a pre-post rating scale to measure growth in professional competency.

In July of 1972 the director invited representatives from each elementary school to take part in developing the in-service portion of the clinic.

The meeting produced a plan for in-service meetings. (see rating scale)

Conferences with clinic staff members to develop appropriate instructional procedures were ranked as the program that the teachers wanted as an in-service topic. This became the priority of the clinic.

A two phase in-service program was developed to meet the needs of the elementary teachers in the public and private schools. The first phase included an over-all summary of the clinic's goals and objectives. Each teacher was given a summary sheet of the clinic's activities for the year.

Activities for the School year 1972-1973

September - 1972

4th	Dr. Leo Rodenborn

October

3rd	Open House
9th	St. Monica's
10th	In-service
16th	In-service
17th	In-service
19th	Special School District
23rd	In-service
24th	In-service

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November	
6th	Curriculum Day
16th	Advisory Board
21st	Teachers Visitation - Begin (2nd phase of in-service)
December	
6th	Future Teachers Association Visits - The Clinic Open House
*January	
9th	Advisory Board
10th	Open House
*February	
14th	Open House
*March	
14th	Open House
28th	Alpha One Workshop
*April	
18th	Open House
*May	
16th	Open House

*Teacher Workshops continued throughout the year

For a teacher to diagnose a child's strengths and/or weaknesses it is important to first have an understanding of a testing procedure which does not require large amounts of training. This is important if a workable program is to be implemented into the schools.

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Outline of First Phase Workshop

I. Introduction

A. Tests....Tests....What are they Good For?

B. The variety of Tests Available

II. Pre-Test of Teachers Phonic Standing and knowledge of diagnostic procedures.

III. Wepman Auditory Discrimination Test

IV. The Informal Inventory

V. Phonics Tests

VI. Developing a Child's Attitude - Counselors

VII. Utilizing Tests in a classroom situation

VIII. Closing Remarks - Questions and Answers

IV. Post-Test

The workshop was attended by 100 teachers, counselors, and administrators representing Parkway's 17 elementary schools and St. Monica's.

Participants in the program had a mean score of 40% on the pre-test of diagnostic knowledge. The post test score for the group was 90%.

On October the 20th 1972, 20 Parkway Staff members attended a workshop on the SPONDEE TEST. This test is used to determine the level of auditory discrimination deficiency.

The Second Phase of the clinic began in November of 1972. Approximately 40 teachers took part in a comprehensive, in-depth training program at the clinic.

Teachers observed clinical procedures and instruction during a two day segment in the clinic. Each teacher participated in administering tests. These tests were evaluated by both the clinician and teacher.

Each teacher in this phase made use of the Bond formula, Wepman Auditory Discrimination Test, and an informal inventory.

From the test data a prescription was written which made recommendations to the school, the home, and clinic.

On the second day of in-service the clinic presented staffing sessions, teaching techniques, and use of materials.

Teachers and clinicians discussed the various aspects of the two day program. A period of time was spent during the workshop when questions about specific approaches and techniques could be asked. Questions were developed to meet the educational experience and backgrounds of the participants.

1. What techniques would you use to help a child develop sound-symbol relationship? What materials?

2. A child is in the 3rd grade. He has an I.Q. of 101 and reading achievement of 2.1. What is his reading deficit?

3. A child has difficulty keeping his place while reading. What techniques would you use to correct this problem?

4. Jim, a fifth grade child, reads well but does not remember what he reads. How would you help him develop comprehension?

5. Jane, a 3rd grade child, is having problems with reading. What tests would you give? Why?

6. Mary a 5th grade girl has the following test data in her folder. Is she a disabled reader?

I.Q.:	105	
Silvaroli:	oral - 4.8	silent - 4.5
Gates:	Vocabulary - 4.3	Comprehension - 3.2
Phonics test:	syllabication difficulty	
Note:	Mary does not like to read orally in class.	

7. How can an E.F.I. effectively be used with a disabled reader?

8. Are parents effective change agents? If so how?

9. Give specific techniques for teaching the generalization vc.

10. When would the Rhebus materials be most beneficial?

At the end of the in-service portion of the project a questionnaire was sent to a random sample of teachers. The results were as follows: (see attached questionnaire)

question number	yes	no
1.	90%	10%
2.	70%	30%

question number	yes	no
3.	100%	---
4.	90%	10%
5.	80%	20%
6.	40%	60%
7.	100%	---

8. Generally, the respondents answered that they would like to have a longer period of time in the workshops.

9. A majority of the teachers answering the questionnaire wanted workshop in the following areas:

   a. teacher made games

   b. individualized instruction

   c. administering an I.Q. test

   d. demonstrations teaching

August 30, 1972 - 18 teachers attended a pre-school workshop dealing with interpretation of the: Slingerland and the Durrell.

On March 28, 1973 a workshop was held on an early reading program. Forty teachers attended this meeting.

On August 31, 1972 Dr. Leo Rodenborn presented an in-service meeting on the use and interpretation of his informal inventory. Sixteen teachers attended this workshop.

Dr. Joseph Wepman gave a seminar on the disabled reader on April 13, 1973. Approximately eighty teachers, administrators, and counselors took part in this seminar.

An I.T.P.A. training course was given in April and May for seven clinicians. These clinicians were trained to give an interpret the I.T.P.A.

Approximately 321 teachers, administrators, and counselors have attended workshops and in-service instruction presented by the clinic. This does not count the hundreds of individual conferences staff members have had with teachers in the school.

The following materials were produced by the clinic for in-service workshops.

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PARKWAY READING CLINIC, TITLE III, ESEA

What To Do When.....

There is nothing mysterious about techniques for helping poor readers. Remedial instruction has often been defined as good teaching done a little late. It differs from regular instruction by a more careful diagnosis of the child and followed by carefully planned motivation for success. Following are a few principles to keep in mind:

Enlist the child's interest for improvement. Select materials and techniques in terms of specific needs.

Begin with material that is interesting, challenging, and easy enough to insure success.

Increase the difficulty of material only after the child has overcome his pattern of errors and has the new technique fairly well established.

Revise or discard any procedures which, after a reasonable length of time, prove to be ineffectual.

Make the child conscious of every success and aware of the teachers belief in his ability to improve.

Common Symptoms of Reading Disabilities and Some Techniques of Improvement

A. Lack of Interest

1. Lack of Previous Success
   a. Be sure the material is simple enough to insure success, but mature enough to challenge.
   b. Avoid grade labels on books used.
   c. Give graphic evidence of success.
   d. Utilize abilities.

2. Inadequate Conceptual-Background for Interpretation
   a. Broaden conceptual background by excursions, audio-visual adis, books, stories, and conversation.
   b. Encourage hobbies.
   c. Keep material within the limits of the child's experience.

3. Material Too Difficult
   a. Adapt material to present reading level, and vary it as ability increases.
   b. Have the child write his own stories, making a book of them if he chooses.

4. Lack of Vocabulary Sequence
   a. Attempt to have a carry-over of vocabulary from one book to another.
   b. Use books of the same series of a closely related series.
   c. Take time to establish a basic sight vocabulary.

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5. Material Below Interest Level
   a. Compose stories around the child's interest.
   b. Have him dictate or write his own stories.
   c. Provide a variety of books at his interest level.
   d. Use books which present mature subject matter in a simple reading vocabulary.
   e. Supply directions about objects he may wish to construct in order to point up the functional

6. Feeling Discouragement
   a. Recognize the child's good points, and give sincere and generous praise.
   b. Dramatize success; keep individual charts to how evidence of daily progress.
   c. Encourage competition only with self.

7. Over-Emphasis on Word Calling and Consequent Inability to Get Through
   a. Temporarily ignore minor errors and give attention to the central thought.
   b. Use simple interesting material.
   c. Utilize the child's original stories.

8. Lack of Cooperation Between Home and School
   a. Hold conferences to establish good working relationships with parents.
   b. Endeavor to develop their understanding of what is reasonable expectation from their child.
   c. Assist the home to obtain help, as needed, from special agencies and elsewhere.
   d. Make use of a visiting teacher.

B. Inadequate Meaning Vocabulary

1. Low Intelligence
   a. Recognize the fact that when a child, whose general intelligence seems to be adequate for the requirements of learning to read, fails to achieve in reading, he may have some mental defect that prevents him from making progress.
   b. Refer the child to the school psychologist if there is any question of mental ability.

2. Lack of Experience
   a. Endeavor to know the general cultural level of the child's home.
   b. Provide well-planned opportunities for experiences through trips, and make use of pictures and lantern slides.
   c. Stimulate dramatics, reports, discussion, and informal conversation.
   d. Read and tell stories.
   e. Arrange situations to develop good listening habits.
   f. Encourage good speech habits.

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3. Limited Word Meanings
   a. Develop word meanings by drawing upon the child's previous experiences.
   b. Relate new words to concrete experiences with w ich the words are associated.
   c. Enrich word meanings by experiences with pictures, drawings, and films.
   d. Provide ways to help the child get word meanings through context clues.
   e. Develop the multiple meanings of appropriate words.

C. Inadequate Sight Vocabulary

1. Excessive Absence in Early Stages of Instruction
   a. Be sure the child has developed a sufficient degree of reading readiness.
   b. Teach vocabulary missed during absence.

2. Lack of Meaning Vocabulary
   a. Increase meaning vocabulary and clarify concepts met in reading through pictures and discussion.
   b. Use picture dictionaries or have the child make his own dictionary, using pictures cut from magazines.
   c. Encourage the child to refer to a picture dictionary when he forgets a word.
   d. Use exercises involving synonyms, classifications, and comparisons.
   e. Make a special effort to define word meanings.

3. Special Difficulty in Recalling Visual Symbols
   a. Use multiple sense appeal, such as the kinesthetic method.
   b. Place cards of words learned kinesthetically in alphabetical order in a file; or, use them to make an alphabetical scrapbook or a dictionary notebook.
   c. Group words according to initial letters. Find among of familiar words, a particular word beginning with a specific letter.
   d. Use picture dictionaries, pupil-made and commercial.
   e. Have the child master essential words through dictionary use, flash cards, and reading games.
   f. Use books which have a high frequency of vocabulary repetition and which introduce new vocabulary gradually.
   g. Be sure that child has a clear and accurate perception of the printed word when presented.

4. Insufficient Practice
   a. Re-use words in charts, informal tests, chalkboard word, and bulletin board captions.
   b. Choose books with the same vocabulary, but with new content.
   c. Keep records of new words mastered.
   d. Provide methods of self-help.
   e. Hold the child responsible for listing words on which he requests help; use these words as basic for drill.
   f. Provide more repetition for the mentally slow child.
   g. Recognize success, no matter how small.

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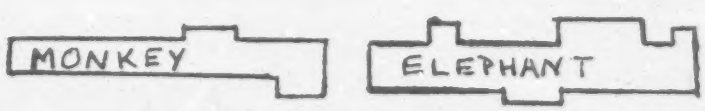
5. Insufficient Attention to Oral Reading in Beginning Reading
   a. Give the child who gets the general idea of the passage, but who is inaccurate in recognizing many fundamental words, much experience in oral reading in which he is held responsible for knowing specifically what the book says.
   b. Provide audience situations for the child to read simple material to others.

6. Poor Sequence of Materials
   a. Choose material carefully in terms of the child's present vocabulary.
   b. Check sight vocabulary with the Dolch Basic Sight Vocabulary Cards, with the Stone Vocabulary by levels, or with the Durrell Vocabulary list.
   c. Initiate a plan for systematic mastery of vocabulary.
   d. Delay training in word analysis and phonics until the child has a good start in developing a sight-recognition vocabulary.

D. Inadequate Word Attack

1. Inadequate Auditory Perception
   a. Develop sensitivity to sounds in the environment, for example, street noises, variations in musical tones, and rhythmic sounds.
   b. Develop sensitivity to likenesses and differences in spoken sounds and words through guessing games and games involving rhyming words, and the like.
   c. Use picture study; give oral directions for the child to put an X on the picture of all things that run, or do not run, for example.

2. Inadequate Visual Perception
   a. Play games that encourage close general observation, such as telling what was seen after looking at a briefly exposed picture, a scene outside the window, or at a tray filled with objects.
   b. Use games that involve naming or supplying the missing part.
   c. Guide the child to form the habit of looking at a word from left to right.
   d. Use games and devices which encourage close observation of printed form; for example, list words on the board, erase one and have the child tell which has disappeared.
   e. Place a "window card" with a one or two-word opening over a familiar page and ask the child to name the exposed word or words after a short exposure.



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3. Inadequate Use of Context Clues
   a. Emphasize thought and temporarily eliminate word analysis. Be sure the material is suited to the child both in content and vocabulary.
   b. Provide specific training in the use of context clues.
   c. Have the child study a picture and make inferences from the picture.
   d. Use picture and verbal context combinations.
   e. Use completion sentences:
      My dog has black_____on his back.
      spots--stops
   f. Use sentences that require the child to supply words on the basis of meaning plus one visual clue:
      The boy has a pet d_____.
      The boy can _____ow the ball.
   g. Use sentences with multiple choice:
      The key fits in a _____. lick--luck--lock

4. Incorrect Use of Picture Clues
   a. Make careful use of picture clues, letting the child describe what he thinks will happen before he reads.
   b. Cover the picture before reading if the child becomes too dependent upon it.

5. Inadequate Use of Word Building
   a. Keep lists of familiar small words found in larger words, e.g., watchdog, watch; stopped, stop; encourage the child to see as large a whole as possible.
   b. Build new words by adding prefixes and suffixes.

6. Insufficient Phonetic Power
   a. Introduce phonetic principles in keeping with the maturity of the child, such as initial sounds, consonant blends, and factors conditioning short and long vowel sounds.
   b. Develop new phonetic elements which are functional, meaningful, and can be immediately applied. (Encourage use of other clues for those children who are limited to only the phonetic approach.)

7. Inadequate Use of Syllabication
   a. Encourage the child to break new words into syllables.
   b. Have him mark familiar words, drawing a line under each part as he says it.

8. Materials Too Difficult
   a. Work with the child at his level.
   b. Use easy interesting material that contains relatively few words which need to be analyzed.
   c. Avoid asking the child to work out any words which require phonetic skills not yet presented.

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9. Reversals

a. Explore hand and eye preference. In case of mixed dominance, try the kinesthetic writing method.

b. Allow the child to use a typewriter, if one is available.

c. Move a pointer under the words as the child reads to help develop the consistent habit of reading from left to right.

d. On duplicated materials, have the child draw continous lines under the words as the selection is read.

e. Use discrimination exercises for reversed letters; for example, to correct confusion of b, p, and d, supply duplicated sheets of paper with the letters mixed up. On the first copy have the child mark all the p letters, saying the letter out loud as he marks it; on the next copy find the "d" letters in the same manner, and so on. Provide sufficient practice so that a perfect score can be made. Then make word lists that begin with these letters. Have the child find words beginning with "b", "d", and "p" in his book and copy them in columns:

b	d	p
ball	dog	pony
box	down	put

f. Provide duplicated games for additional practice; for example, have the child circle the letter with a picture begins:

(picture of a boy) b d p

g. Use discrimination exercises for reversed words:

The girl (was, saw) a dog.

10. Additions and Omissions of Sounds

(Frequently errors occur through inserting or omitting letters and syllables in words. The letters l, n, r, and s are those most frequently added. To help overcome this error use exercises similar to the following:)

a. Give the child lists of words for study that are alike except for one letter.

tap	back	set	top
trap	black	sent	stop

b. Use discrimination exercises.

The rabbit was caught in the (tap, trap).
The boy came (black, back).
The girl (sent, set) me a letter.
The red light tells us to (top, stop).

11. Substitutions of Sounds

a. Make the child conscious of substitutions.

b. Ask him to keep his own daily record of the increasing amount read before a substitution was made.

c. When errors accumulate in oral reading, let the child pause and observe while the teacher reads.

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E. Inadequate Phrasing

1. Inadequate Sight Vocabulary
   a. Limit reading to simple but interesting material to increase stock of sight words.
   b. Find purposes for rereading.
   c. Provide for adequate drill on difficult words.

2. Over-Attention to Word Analysis
   a. Stress thought-getting.
   b. Pronounce immediately words which are new to the child.
   c. Set aside separate periods for word analysis.
   d. Give rapid flash of words after they have been recognized through analysis.

3. Short Perceptual Span
   a. With the child's help, underline the phrases in a typed story; later have him read an unmarked copy. Type material with extra spacing between phrases.
   b. Use window card, increasing the size of the window as perceptual span increases.
   c. Use choral reading.

4. Lack of Attention to Punctuation
   a. Place emphasis on the thought of the selection.
   b. Exaggerate the effect of punctuation in reading for the child the same with the teacher.

5. Lack of Attention to Thought
   a. Choose material that is challenging and interesting.
   b. Arouse interest in content to be read.
   c. Ask simple questions that are answered in a line or two of text; gradually increase scope of questions.
   d. Give training in skimming.
   e. Use timed tests occasionally (if child can read material of second-grade difficulty).
   f. Pronounce immediately words which the child does not know.

F. Inadequate Paragraph Reading

1. Inadequate Conceptual Background
   a. Use easy meaningful material within the child's experience.
   b. Expand conceptual background.
   c. Have the child write his own stories.
   d. Compose paragraphs and stories using the child's present experience and vocabulary.

2. Lack of Basic Vocabulary
   a. Limit reading to easy meaningful material.
   b. Find reasons for re-using material for purposes of drill. (Refer to the discussion on "Inadequate Sight Vocabulary.")

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3. Over-Emphasis on Word Recognition, and Phonics
   a. Read for pleasure.
   b. Suspend word analysis and place emphasis on thought-getting, on skimming, and on use of contextual clues.
   c. Play games involving paragraph comprehension, for example, guessing riddles, naming paragraphs, and finding the main idea.
   d. Have the child plan and ask questions of other group members about each paragraph.

4. Lack of Genuine Incentives for Reading
   a. Select material within the child's interest and ability range.
   b. Provide for stimulating discussion before reading.
   c. List questions formulated by the members of the group.
   d. Give opportunity to read for pleasure and for sh with others.
   e. Have children c oose slips of paper with written questions to be answered.
   f. Cut pictures from discarded books and type a paragraph about each; then have children suggest a title for each paragraph.
   g. Have children illustrate poems and paragraphs.

5. Material Too Difficult
   a. Select material within the child's ability and of special interest.
   b. Type the child's own stories for him to read.
   c. Use simple paragraphs.
   d. Increase incentives for reading.
   e. Recognize even small successes.

6. Lack of Guidance in Paragraph Comprehension
   a. Place major emphasis on thought-getting.
   b. Postpone word analysis.
   c. Have the child pick out the key sentences in a paragraph.
   d. Arrange key sentences of a story in sequence.
   e. Match illustrations with paragraphs.
   f. Give titles to paragraphs.
   g. Let the child make illustrations for paragraphs.

7. Over-Emphasis on Vocabulary and Oral Reading
   a. Enlist interest in overcoming vocablization.
   b. Have the child hold his finger on his lips in order to become conscious of movement; explain that lip movement is a cause of slow reading rate.
   c. Precede all oral reading with silent reading so that opportunity is given to use contextual and other clues to get thought before attempting oral reading.
   d. Discourage oral reading unless there is good cause for it.
   e. Plan for group and individual work with thought-getting, rather than oral reading as goal.

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8. Inadequate Stock of Sight Words
   a. Aid the child to increase his fund of sight words by flash cards, word-building, and word-analysis games.
   b. Keep a dictionary of newly-learned words which are underlined when they become "old friends".
   c. Play synonym and word-lotto games.
   d. Carry on word-a-day contests in which the child attempts to learn a new word each day; add it to an individual or group chart.

9. Inability to Use Clues to Identify Words
   (Refer to previous discussion of "Inadequate Word Attack".)

10. Lack of Fluency
   a. Develop a meaningful vocabulary.
   b. Use interesting challenging material.
   c. Call attention to phrasing and thought as they affect rhythmic reading.
   d. Develop eye-voice span by having the child read orally and look up a given signal, continuing to read additional words previously seem but not spoken.
   e. Make sure the child understands the importance of punctuation marks.
   f. Have the child read paragraphs typed with wider spaces where punctuation occurs.
   g. Call attention to simple punctuation marks used in the written work of teacher and child, e.g., the child dictates a story and teacher writes, or vice versa.
   h. Provide audience situations that will be gratifying to the reader and enjoyed by the group.
   i. Let the child prepare a story to read aloud to a kindergarten or first grade during story hour; give the child opportunity to read the selection to himself, and then have time for practice if necessary.
   j. Encourage reading with understanding, using a natural tone of voice.
   k. Stimulate choral reading to give experience in careful use of voice.

11. Faulty Word Recognition
   (Refer to previous discussion for "Inadequate Word attack".)

12. Word-by-Word Reading
   a. Place emphasis upon thought.
   b. Encourage phrase reading. (Refer to the previous discussion of "Inadequate Phrasing".)
   c. Discourage pointing; substitute marker, if necessary.
   d. Encourage perceptual span by the use of a window card.
   e. Tell the child words which present difficulty rather than stopping for word analysis.
   f. Use interesting material.
   g. Let the child gain confidence by reading his own original typed stories.
   h. Help him to increase eye-voice span.
   i. Providing interesting stimulating audience situations.

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13. Lack of Voice Control
    a. Have a verse-speaking choir.
    b. Have the child listen to recordings of familiar stories.
    c. Encourage conversation in interesting natural situations, without pressure or strain.
    d. Place emphasis on the thought of the selection.
    e. Provide a classroom atmosphere with all factors leading to strain and fatigue at a minimum.
    f. Encourage the child to read at all times in the same natural voice he uses in conversation; use simple reading materials to install confidence.

14. Errors of Word or Letter Reversal
    a. Call attention to the letter at the beginning of the word.
    b. Make cards for confusing words.
    c. Ask the child to sound the first letter in a series of words to insure attention to initial sounds.
    d. Point out the necessity of reading from left to right.
    e. Write the word the child missed with crayon on a large piece of paper; have him write the word and then compare what he wrote with the original.

15. Errors of Omission, Substitution, and Addition
    a. Encourage reading the exact words used in the selection.
    b. Have the child reread the word on which he was made a mistake, and point out the difference between what he said and what the word really is.
    c. Encourage slow careful reading until the difficulty is overcome.
    d. Emphasize attention to thought for the purpose of eliminating meaningless substitutions.
    e. Combine context with word analysis for cases of sensible substitutions.

16. Errors of Mispronunciation
    a. Stress careful reading habits, with attention to letter sounds.
    b. Present pairs of words in which one sound is different such as "hat", "hit".
    c. Have the child read orally sentences which contain words in which two commonly confused sounds or words are used.
    d. Be sure the reading vocabulary used is in child's spoken vocabulary.

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This school year you participated in a workshop at the clinic. As a means of evaluating our services we would like for you to fill out this questionnaire and send it back to us.

1. Was the workshop schedule convenient?

Yes No

Comments: I was happy that intermediate leaders were scheduled together as opposed to representatives from each school together. In my case, a first & sixth grade would have been unreal - istic.

2. Did you feel that you had enough time to distuss the materials used?

Yes No

Comments: I was given ample time & catalogs were readily available & were all related to reading. I made so many notes & consequently ordered materials when I returned to school.

3. Do you feel that the staffing period and/or demonstration period was valuable?

Yes No

Comments: I was gratified with the fact that regular classroom teachers were asked to express their opinions.

4. Did you have enough time to observe children?

Yes No

Comments: I had never seen a two way mirror before

5. Was enough time allowed for the observation of teaching techniques?

Yes No

Comments: Since I teach sixth grade it was particularly interesting to observe the very beginning processes in a child learning to read. The counselor with whom I worked, Sue Bell, focused her complete attention on the child, which, to me, is how any teacher should conduct herself in a one to one teaching situation. This is impossible in a classroom situation while having individual conferences but I wish I could.

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6. Did you have an opportunity to discuss the clinic operation with the counselor?

Yes No

Comments: My counselor was so interested in helping her child & we discussed many alternatives which might help him.

7. Would you come to a similar program?

Yes No

Comments: Anytime, anywhere!

Short answer questions

8. Do you feel that there could be improvements made in the clinic workshop? If so what improvements?

Absolutely not - I felt so welcome & worthwhile. I have now decided to work on my certificate in reading.

9. What areas would you like covered in a workshop?

Since I teach ~~=~~ heterogeneous reading groups, perhaps more ideas on high-interest lower reading ability material, although our reading specialist is most helpful I don't always have time to consult her.

Thank you,

John Borsa & your staff.
A reading teacher!

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This school year you participated in a workshop at the clinic. As a means of evaluating our services we would like for you to fill out this questionnaire and send it back to us.

1. Was the workshop schedule convenient?

   Yes No

   Comments:

2. Did you feel that you had enough time to discuss the materials used?

   Yes No

   Comments:

3. Do you feel that the staffing period and/or demonstration period was valuable?

   Yes No

   Comments:

4. Did you have enough time to observe children?

   Yes No

   Comments:

5. Was enough time allowed for the observation of teaching techniques?

   Yes No

   Comments:

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6. Did you have an opportunity to discuss the clinic operation with the counselor?

Yes No

Comments:

7. Would you come to a similar program?

Yes No

Comments:

Short answer questions

8. Do you feel that there could be improvements made in the clinic workshop? If so what improvements?

9. What areas would you like covered in a workshop?

Thank you

John Borsa

INFORMAL ASSESSMENT
Parkway Reading Clinic
ESEA Title III

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Pupil's Name_____
Teacher_____
Date_____

CHECKLIST OF VISUAL SYMPTOMS

Directions: Study and observe an individual pupil whom you have noticed to have divergent visual behavior. Put a check on the number of any item which applies to the child under study.

(A) Appearance of Eyes

(1) Frequent redness of eyelids, bloodshot appearance of whites of eyes.

(2) Eyelids encrusted, reddened or discharge from eyes.

(3) Unusual turning of one of the eyes giving appearance of crossed eyes.

(4) Eyes water frequently when child engages in visual tasks.

(B) Behavioral Observations

(1) Unusual head movements when working at near point.

(2) Unusual head movements when looking at distant objects. (20 feet or more).

(3) Frequent rubbing of eyes.

(4) Frequent tilting of head.

(5) Frowning, scowling, eye blinking when working at prolonged "seeing tasks".

(6) Unusual positioning of materials too close or too far from face during visual tasks.

(7) Avoidance of close visual work.

(8) Unusual uncoordination in manipulating hands and eyes in such activities as cutting, coloring, drawing, pasting, etc.

(9) Heavy tendency to rub eyes.

(10) Dislike for tasks requiring sustained visual concentration.

(11) Nervousness, irritability, restlessness after maintaining visual concentration.

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(12) Unusual fatigue after completing a vision task.

(13) Frequent losses of place when reading, coloring, drawing.

(C) Complaints of Visual Problems

(1) Complaints of eyes hurting or head turning during near or far point tasks.

(2) Nausea, Dizziness, headaches during visual tasks.

(3) Burning, itching, pain during visual tasks.

(4) Frequent complaints of blurred vision when engaged in near or far tasks.

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INFORMAL TESTS OF AUDITORY ACUITY

Directions: By means of the observation checklist on the 2nd page, identify pupils requiring further screening for hearing acuity. Whenever possible administer both the Watch-Tick and Whisper-test. Complete information on back page.

I. Watch-Tick Test

1. Any loud-ticking type clock or watch that can be heard by the average ear at a distance of about 48 inches can be used.
2. The child must not see the watch.
3. The test must be given in a quiet room and any watches not in use should be removed from the area.
4. The child stands sidewise in relation to the examiner, occluding with a finger the ear not being tested.
5. The tester, hiding the watch from the child by means of a card held in front of the ear, places the watch close to the ear.
6. He gradually withdraws the watch until the child reports that he no longer hears the tick.
7. The examiner then reverses the test commencing at a distance of 48 inches and moving the watch slowly towards the child, stopping as the child hears the ticks.
8. The average of the two distances is taken, e.g. the exact distance where child stops hearing and the distance where he begins hearing.
9. If a pupil can't hear a 48 inch watch tick at a greater distance than 16 inches he is adjudged in need of special attention.
10. The other ear is similarly tested.

II. Whisper-Test

1. Child is placed in a corner of a room away from an open door or window.
2. His back is toward the examiner to prevent his watching lip movements.
3. Child is instructed to repeat every word he hears and then he is requested to cover one ear tightly with corresponding hand.
4. Examiner 20 feet away in a clear, distinct, but low tone pronounces words for the child to repeat.
5. Ear is recorded as normal if child can repeat almost all words examiner pronounces.

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6. If child is unable to repeat words pronounced at 20 feet examiner walks towards child speaking as before, until he comes near enough to be heard distinctly.

7. The hearing of the ear under examination is recorded "whispered voice 5 feet" or whatever distance is tested.

8. The other ear is similarly tested.

III. Observation Check - List for Hearing Impairments

1. Does the child seem inattentive frequently? _____

2. Does he require repetitions of directions? _____

3. Does he continuously misunderstand simple directions or tasks? _____

4. Does he tilt or turn his head towards sources of speech or recordings? _____

5. Does he miss humor and present a blank expression when others are reacting? _____

6. Does he scowl or show a strained posture when listening? _____

7. Does he speak in a monotone without pitch or intonation or show unusual pronounciation? _____

8. Does he report pain in the ears or show signs of dizziness? _____

Pupil's Name_____

Teacher_____

Date of Watch-Tick Test_____ Date of Whisper-Test_____

Results_____ Results_____

_____ _____

Additional Comments_____

_____

_____

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MISCELLANEOUS READINESS CHECK LIST

DIRECTIONS: Some tasks have been traditionally identified as useful if not basic to the young child just beginning school. Use this checklist with all children for whom doubts (as to their having acquired these abilities) exist in various of these areas. Use rating scale high, average, and poor to indicate their abilities, as well as notes to explain or describe observations.

	Rating	Notes
1. Can child print his whole name?		
2. Only his first name?		
3. Is he able to handle the pencil with which he writes easily?		
4. Is there established hand dominance? Which hand?		
5. Describe size of letters, construction of letters, orientation, amount of paper used, use of lines, etc.		
6. Can he tell you his address?		
7. Can he tell you his brother's and sister's names?		
8. Does he know the names of any (or all) letters in alphabet?		
9. Can he copy any (or all) letters in alphabet with accuracy?		
10. Can he copy simple forms shown to him on a card like circle, plus, square, triangle, diamond, oval?		
11. Can he associate words with pictures, verbal descriptions?		
12. Can he express himself in complete verbal units?		
13. Does he hear differences in words very much alike? (beginnings, middle, endings)		
14. Does he know the names of numbers?		
15. Can he match letters? Numbers?		
16. Does he know names of colors?		

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ATTENTION AND SET CHECKLIST

DIRECTIONS: The degree of attention displayed by a child under conditions associated with formal and informal school situations require scrutinizing by the first grade teacher concerned with the assessment of reading readiness. Behaviors such as these undoubtedly are related to childrens' attention in the grouped activities involved in reading instruction.

Only those pupils who show unusual deviations from the typical in attending should be studied more closely by means of this check list. Each item under Roman I and II should be rated by recording one of the three following comments: often, typical, rarely. Those items rated "rarely" require teachers' attention. Comparisons might be made between items representing no problem (often and typical ratings) and items rated "rarely". In addition general comparisons between child's attention in grouped situations (I) vs. individual (II) situations should be made.

Teacher Description of the Task

Additional Observations

In blank space print often, typical, rarely

I. While Listening to a Recording or to Teacher Read a Story Aloud to Group

1. Spontaneous attention is elicited _____
2. Child voluntarily attends to story _____
3. No fluctuation in attention throughout story _____
4. Intensity of attention is high throughout story _____
5. Minor rival interests do not supervene _____
6. Child reveals comprehension of story _____
7. Attitude toward listening to story good _____
8. Interest in variety of topics easily developed _____
9. Personal involvement with story high _____
10. Listens individually, requires minimum interaction with others except when natural to story _____

Teacher Description of the Task

Additional Observations

II. While Engaged In an Assigned Individual Task

1. Spontaneous attention is elicited _____
2. Child voluntarily begins task _____
3. No fluctuation in attention throughout task _____
4. Intensity of attention is high throughout task _____
5. Minor rival interests do not supervene _____
6. Child reveals comprehension of task _____
7. Attitude toward task is good _____
8. Interest in variety of tasks easily developed _____
9. Personal involvement with tasks high _____
10. Works individually, requires minimum interaction with others (Teacher) _____

SOCIAL-EMOTIONAL MATURITY CHECK LIST

DIRECTIONS: Pupils who are socially and/or emotionally unready to participate in the kinds of activities and relationships that typify public school classrooms at the first grade level will probably not progress in reading as well as they should.

Rate only those pupils who appear to diverge from typical by means of following scale: High, Average, Low for each item.

		RATING	NOTES
I.	Social Readiness		
	1. Works effectively with others		
	2. Assumes responsibility		
	3. Plays games with others well		
	4. Shares equipment, materials		
	5. Develops relationships with others		
	6. Helps others, alert to needs of others		
	7. Shares attention of teacher with others		
	8. Awaits his turn willingly		
	9. Communicates easily in group activities		
	10. Listens to others and understands		
II.	Emotional Readiness		
	1. Works on tasks independently to completion		
	2. Shows concern for his own property		
	3. Shows concern for property of others		
	4. Works independently when finished with assigned tasks		
	5. Accepts new tasks, children calmly		
	6. Appears happy, alert, cooperative		
	7. Accepts leaders without resentment		
	8. Shows signs of:		
	Extreme shyness		
	Extreme timidity		
	Excessive self-consciousness		
	Quick temper, agressiveness		
	Fluctuation of moods		
	Stubborness, negativism		
	High restlessness, hyperactivity		
	Specific habits		
	Short attention span		
	Excessive crying		
	Non-communicative behavior		
	Highly submissive behavior		
	9. Shows persistence and certainty		
	10. Works on tasks happily and consistently		
	11. Enjoys learning, shows eagerness to learn		

INCREASING SIGHT VOCABULARY

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PARKWAY READING CLINIC, TITLE III, ESEA

1. Exercises in which the word is so much expected that the recognition be rapid.

   a. A cowboy rides a _____. (tree horse farm)

   b. In winter there is _____. (snow house well)

2. Exercises in which a child finds the correct word in a list on the blackboard as the teacher gives the clue.

   a. Find the word in this list that tells us where we:

Clue	Words
buy food	farm
go swimming	table
find cows	store
eat dinner	beach

   b. Find the word that tells us what animal:

gives us a ride	dog
gives us milk	horse
barks loud	duck
swims under water	cow
says "quack"	fish

3. Exercises that require meaningful scanning of a list.

   a. See how fast you can draw a line around all the things that can run.

horse	house	girl	pig
tree	dog	road	man
cat	boy	store	window

   b. See how fast you can draw a line around all the things that are good to eat.

candy	pie	trees	cake
mud	meat	nuts	pencils
soup	boards	fruit	dessert

4. Various word games that call for immediate responses and require sight recognition of words and their meanings.

   a. Cards with names of animals printed on them can be used. Two children can play together. One child can flash the cards and the other one can respond. Such words as the following can be used:

chicken	elephant	bird	goose
dog	duck	pony	donkey
horse	goat	wren	fish

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One child may tell the other

One child may tell the ones that name an animal with four feet as the cards are flashed. Then the other child may tell the ones that can fly.

b. Another set of cards could be made of verbs and the child could tell which words on the cards tell movement. The types of words that might be used are:

afraid	listen	march	walk
jump	roll	sleep	feel
think	skip	ride	guess
flew	know	slide	was

c. A fish pond game in which words are attached to paper clips and the child uses a pole with a magnet on the end of the line may be used. If the child can read the word that he fishes out of the pond at a glance, it is caught. If he has to study the word, that fish gets away, but he may be able to catch it at another time. Any words that caused the child trouble in the basal reader could be used in this game as well as other words that he knows well.

d. A game similar to "authors" can be played with words. The words are grouped in sets of four similar things, such as clothes, animals, trees, time, food, toys, people, and colors. Four children may play together. Each child gets eight cards and the remaining cards are placed in a pile in the center. The children take turns drawing one card from the center pile and then discarding one. The child who first gets two complete sets of four similar words wins the game. The sets of word cards for this game might be these:

Clothes	Animals	Trees	Time
coat	lion	oak	afternoon
hat	elephant	maple	spring
shoe	donkey	fir	tomorrow
dress	horse	willow	morning
Food	**Toys**	**People**	**Colors**
bread	doll	aunt	yellow
pudding	wagon	father	green
peanuts	football	uncle	blue
strawberries	balloon	mother	brown
Furniture	**Flowers**	**Fruit**	**Meals**
chair	pansy	peaches	breakfast
table	tulip	bananas	dinner
bed	daisy	apples	lunch
desk	poppy	pears	supper

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The exercises used in building sight vocabulary should be such that the child is encouraged to inspect the words rapidly rather than to resort to detailed study of them. The words should be presented in situations that require understanding of the word meanings.

The child should be reading material that introduces new words gradually and repeats them at well-spaced intervals. Basic readers are the most suitable material for expanding sight vocabulary. If the child is highly motivated to read the selection, if the new words are introduced before the selection is read, and if the purposes require rapid reading, the child should increase his sight vocabulary. When such basic instruction is reinforced with exercises such as those described above, using the words being emphasized, the gains should be even greater. In all of the reading and drill situations, recognizing the meaning of the words should be required and pronunciation held to a minimum. Permitting pronunciation of the words encourages a slower type of recognition than is desired. What the child with an insufficient sight vocabulary needs is experience in recognizing the word and its meaning at a glance.

CIP-1-B2

PARKWAY READING CLINIC, TITLE III, ESEA

IDENTIFICATION OF LETTERS (LOWER CASE)

Directions: Listen carefully as I say the name of a letter. Then you find that letter among five letters and draw a line around it. I'll say the letter each time twice. So listen carefully. Look at the example at the top of the page. It looks like this. (Point to the chalkboard where you have written in large letters: ☐ g b d q p.) Put your finger on the box. (Check to see that children have the correct place.) Now listen as I say the letter. d (Pause about 1 second) d. Now draw a line around the letter I said. (Give the children time to respond.) Which letter did you draw the line around? Was it this one? (Point to the g on the board.) No, it was not this one. Was it this one? (Point to the b on the board.) No, it was not this one. Was it this one? (Point to the d on the board.) Yes, this is the letter d. You should have drawn a line around it--like this. (Illustrate on the board.) We will do the other ones in the same way. I'll say a letter, and you will draw a line around the one I said from among the five letters you have on your sheet. Now put your finger on number 1, like this. (Illustrate.) (Continue through 26 items).

1. b - b	8. w - w	15. r - r	22. i - i
2. g - g	9. c - c	16. u - u	23. k - k
3. m - m	10. y - y	17. o - o	24. t - t
4. e - e	11. p - p	18. z - z	25. x - x
5. j - j	12. q - q	19. v - v	26. h - h
6. l - l	13. s - s	20. d - d	
7. n - n	14. a - a	21. f - f	

CIP-1-B1

IDENTIFICATION OF LETTERS (CAPITALS)

Directions: Listen carefully as I say the name of a letter. Then you find that letter among five letters and draw a line around it. I'll say the letter each time twice. So listen carefully. Look at the example at the top of the page. It looks like this. (Point to the chalkboard where you have written in large letters: [ ] H C D O T.) Put your finger on the box. (Check to see that children have the correct place.) Now listen as I say the letter. C (Pause about 1 second) C. Now draw a line around the letter I said. (Give the children time to respond.) Which letter did you draw the line around? Was it this one? (Point to the H on the board.) No, it was not this one. Was it this one? (Point to the C on the board.) Yes, this is the letter C. You should have drawn a line around it--like this. (Illustrate on the board.) We will do the other ones in the same way. I'll say a letter, and you will draw a line around the one I said from among the five letters you have on your sheet. Now put your finger on number 1, like this. (Illustrate.) (Continue through 26 items).

1. A - A	8. D - D	15. H - H	22. M - M
2. Z - Z	9. O - O	16. X - X	23. Q - Q
3. E - E	10. T - T	17. K - K	24. U - U
4. B - B	11. N - N	18. F - F	25. W - W
5. S - S	12. J - J	19. L - L	26. Y - Y
6. P - P	13. C - C	20. G - G	
7. V - V	14. R - R	21. I - I	

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INDEPENDENT READING ACTIVITIES

Most of those independent reading activities are designed to require a of teacher direction and help. If the work is kep to one or possibly two kinds of responses until the students become accustomed to the type of assignment, confusion will be minimized. For each of these activities there are, of course, many variations which you will think of.

Fill in words in context where part of the word is missing.

Write sentences to show different meanings of the same word.

Use different words to express nearly the same meaning.

Show how one word can change the entire meaning of the sentence.

Classify words under proper headings.

Make lists of words such as Things That Fly, Things That Have Wheels.

Illustrate words with pictures or/and sentences.

Use new vocabulary to make up an original story.

Draw a picture expressing the main idea of a selection.

Draw pictures showing the sequence of events in a story.

Arrange sentences in the order in which they happended.

Draw or write a different ending to a story.

Tell how characters in one story are alike or different.

Find the words and sentences that best describe a certain character.

Write a short paragraph about a favorite book. Illustrate it.

Read material from subject fields to find out more about where a story took place, more information about a certain animal, etc.

Do "table of contents work" in preparation for finding information about a subjects. Tell on what pages you would find something about...

Write a paragraph telling what you would do if what happened in the story just read would happen to you.

Tell the steps in making something.

Make a poster of a health or safety rule learned from reading.

Alphabetize a list of words beginning with the same letter.

PARKWAY READING CLINIC, TITLE III, ESEA

Procedures for Corrective Teaching

Poorly established left-to-right eye movement.

Cut a word slit in an index card and train the child to slide the card along the line of print. Teach the child to use his finger as a pointer.

Inadequate eye-voice span.

1. Explain the need for developing the skill.

2. Provide material that lies within his sight vocabulary.

3. Cover the text for him a few times as he tries to say words after the text is covered. Provide massive practice on easy material.

Faulty positional set.

Underline the typically over-looked portion of words. Use constructed practice material that forces the child to attend to the missed portion, as "Can a cat call a cab?" for final position errors. Practice in context rather than in isolation.

Over-Analysis.

Use materials for developing a sight vocabulary, as a text where the simple sight vocabulary words are deleted and replaced with a blank, or with the first letter of the deleted word and appropriate underlined spaces for missing letter.

Lack of structural analysis in applying phonics.

Re-teach the beginning structural analysis skills.

No analysis

Remove the pressure for mistakes, encourage efforts at trying, and provide materials that contain few difficult words. Teaching of phonics and structural skills in isolation is usually destined for failure, since this has likely been done previously.

Lack of context.

Use cloze-type materials which force the reader to use context and to guess.

The above procedures for corrective teaching were taken from a taxonomy of reading deficiencies which has been developed by Dr. Leo V. Rodenborn, Jr.

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MATERIALS GUIDE

Listening comprehension runs ahead of reading comprehension in the early grades. As the mechanics of reading mature, reading comprehension tends to catch up with and soon equals listening comprehension. With still further progress in reading, reading comprehension becomes superior. The aim in teaching reading for comprehension is to reach this level as soon as possible.

COMPREHENSION

1. Conquests in Reading — by Kottmeyer (Webster)
   This is a workbook designed to provide the student with the fundamental phonetic and structural analysis skills in reading. Vowels, consonants, silent letters, compound words, syllabication, prefixes, and suffixes are stressed.

2. New Practice Readers — (Webster)
   This is a series of readers containing interesting short stories followed by questions for comprehension. They may also be somewhat useful in building vocabulary. Grades 2-8 (A-G).

3. Readers Digest Reading Skill Builders —
   Selected stories of adventure, history, science, people, sports, home, community, etc., with each selection being adapted to designated reading levels from $1\text{-}6^2$.

4. Gates Peardon Reading Exercises on the Introductory Level A and B, Preparatory Level A and B.
   Elementary level consists of three, namely:

   RD (Reading Details)
   FD (Following Directions)
   SA (Story About)

5. Specific Skill Series — (Barnell Loft)
   Nonconsumable materials which are mature in appearance. Seven series include: Using the Context, Following Directions, Working with Sounds, Getting the Facts, Locating the Answer, Getting the Main Idea and Drawing Conclusions.

6. Test Lessons in Primary Reading — (McCall Hardy)
   These are short aimed reading exercises designed to strengthen comprehension.

7. Cornerstone Readers (Field Education)
   Reading difficulty, grades 1 - 6 involves the student in reading materials critically.

8. New Reading Skilltexts — (Merrill)
   They are especially helpful in reinforcing the area of understanding, getting information, organizing ideas, and making judgments.

   Grade 1 - Bibs
   Grade 2 - Nicky
   Grade 3 - Uncle Funny Bunny
   Grade 4 - Uncle Ben
   Grade 5 - Tom Scott
   Grade 6 - Pat the Pilot

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9. EDL Controlled Reader —
   An effective device when used at the reading rate and reading level of the student.
   Controlled Reader Filmstrips (9)

10. SRA Labs —
    Excellent material for classroom use as well as with the disadvantaged student. It provides for independent work and the student's reading level.
    SRA Word Games
    Lab 1a — Reading Level 1.2 - 3.0
    Lab 1b — Reading Level 1.4 - 4.0
    Lab 1c — Reading Level 1.4 - 5.0
    Lab 11a — Reading Level 2.0 - 7.0
    Lab 11b — Reading Level 3.0 - 8.0
    Lab 11c — Reading Level 4.0 - 9.0

11. Macmillan Reading Spectrum
    A nongraded multilevel program for building vital reading skills. Consists of 6 skill booklets in the area of Reading Comprehension. They are color coded in rainbow order from Red - Level 1, to Violet - Level 6.

12. Phonetic Keys to Reading — Economy
    Primarily devoted to training in skill of phonetic analysis at first grade level.
    Tag
    Dot and Jim
    All Around with Dot and Jim

13. Webster Classroom Reading Clinic
    Contains some of the world's favorite stories. Also materials to remediate problems in the classroom.

14. Language Master Series
    Phonics Program - Set 1, 2, and 3
    Vocabulary Builder Program - Set 1
    Language Stimulation Program - Set 1 and 2

15. Hoffman Reading Program
    Machine oriented program offers materials for students in grades 1 - 6.

16. McGraw Hill - New Spelling Goals
    8 filmstrips

17. Reading for Concepts — (Webster-McGraw Hill)
    Students grow in reading experience while exploring a wide variety of ideas contained in several academic disciplines.

18. Overhead Projectors
    Desk-top Projectors
    Transparencies
    Filmstrip Projectors
    Filmstrip Viewers
    Filmstrips
    Record Players

19. Reading Development Kits — (Addison-Wesley Publishing Co.)
    Kit A - grades 1 - 3
    Kit B - grades 4 - 6
    Kit C - grades 7 - 10

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20. Know Your World — Xerox
    A newspaper for the disabled reader.

VOCABULARY

1. Conquests in Reading — Kottmeyer (Webster)
   See further description for use in building vocabulary under COMPREHENSION #1.

2. New Practice Readers — (Webster) 2 - 8 grades.
   See further description for use in building vocabulary under COMPREHENSION #2.

3. Readers Digest Skill Builder
   See Further description for use in building vocabulary under COMPREHENSION #3.

4. New Reading Skilltexts — (Merrill)
   This series of skilltexts places emphasis on the study of words as well as comprehension.

5. SRA Labs — Power builders provide language skills and word study exercises. Word attack practice is also provided. See Further description for use in building vocabulary under COMPREHENSION #10.

6. Word Flash Cards — See further description for use in building vocabulary under WORD RECOGNITION #11 .

7. Macmillan Reading Spectrum —
   A nongraded multilevel program for Vocabulary Development. There are 6 booklets color-coded in rainbow order from Red - Level 1, to Violet - Level 6.

8. Diagnostic Reading Workbook — Merrill
   See further description for use in vocabulary development under COMPREHENSION.

9. Know Your World
   See COMPREHENSION #19.

A NOTE ON WORD ANALYSIS SKILLS

Skill in word analysis is another fundamental part of the reading process. It is a difficult and complex learning task which involves the development of a highly integrated and flexible set of skills and abilities. The early training of a disabled reader must include the use of context clues, picture clues, and teacher's questions. Then the child may be taught to note similarities in initial elements and gradually the whole hierarchy of word analysis techniques is developed. These skills fall roughly into four types:

(1) The ability to recognize many words at sight and to associate meanings with printed symbols

(2) Skill in using context clues and other meaning aids to anticipate the words to be recognized and to check on their accuracy

(3) Skill in employing a flexible and efficient set of techniques in visually analyzing words into usable recognized elements

(4) Skill in both auditory blending and visual synthesis of word parts into word wholes

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The major source of difficulty in word analysis is the failure to establish any of the basic learnings and/or the failure to maintain a balance among them. Workbook exercises that accompany basal readers are among the best materials for developing word recognition skills and knowledge.

WORD ANALYSIS

1. Dr. Spello — Kottmeyer (Webster)
   This is especially helpful in the remediation of spelling and word attack skills such as syllabication, blending sounds and sound discrimination. It may be used for Grades 2-6.

2. Conquests in Reading — Kottmeyer (Webster)
   See further description for use in building word recognition techniques under COMPREHENSION # 1.

3. Specific Skill Series — (Barnell Loft)
   See Further description for use in building word recognition techniques under COMPREHENSION # 5.

4. Building Reading Skills — (McCormick Mathers)
   There are six levels of workbook materials designed to strengthen auditory and visual discrimination. Exercises also stress the association of letters with words. Titles of books are as follows:
   Level 1 — Speedboat
   Level 2 — Streamline
   Level 3 — Jet Plane
   Level 4 — Rocket
   Level 5 — Atomic Submarine
   Level 6 — Space Ship

5. Phonics Guide — (Lippincott)
   Follows closely the First Grade Reading Program. It is especially helpful for students coming into Lippincott Program from another basal text who may be having difficulty and need additional help.

6. Educational Games — Interesting activity for all students but especially helpful to those having difficulty with reading and/or spelling.
   Lyons-Carnahan - Spelling Learning Games
   Kits A, B, C and D

7. SRA Labs — See further description for use in building word recognition techniques under COMPREHENSION.

8. Controlled Reader — This instrument is most useful in training eye movements left to right, top to bottom, and for phrasing exercises.

9. Macmillan Reading Spectrum — A nongraded multilevel reading program for Word Analysis. There are 6 booklets color-coded in rainbow order from Red - Level 1 to Violet - Level 6.

10. Word Flash Cards — This material often helps the child to improve his ability to concentrate and to listen. The card serves as a visual focal point, thus helping to hold the child's attention. His ability may be further strengthened through the use of a variety of games.

11. Pattern In Phonics — (Electronic Futures, Inc.)
    Is an instructional program designed to teach decoding skills in a systematic, individualized format. This is a machine oriented program.

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12. Word Analysis Skills — (Ginn Word Enrichment Program)
    A phonics program charaterized by practice on new skills, reinforcement, review, diagnosis.

13. Sullivan Programmed Readers — (Webster-McGraw)
    Twenty-One books - 1 - 6 grade, controlled vocabulary, punctuation is tough, self-correcting.

14. Charts - Ideal School Supply
    1. Vowels
    2. Initial and Final Consonants
    3. Consonant Blends
    4. Syllable Rule

A NOTE ON RATE OF READING

During recent years, teachers have become much concerned with techniques for improving the rate of reading of their pupils. Too frequently this emphasis has led to rapid reading with little understanding and also to a neglect of other, more important aspects of the instructional program. A good speed of reading is that rate at which material is comprehended according to the purpose for which it is being read. For the proficient reader especially, speed of reading is fairly specific to the particular reading situation. There is, therefore, need for developing rates appropriate to materials and purposes.

In general, the goal is to comprehend at as fast a rate as possible. Some details suggested in relation to achieving this goal are:

(1) Rate of comprehension that avoids dawdling;
(2) Rate to fit the material read;
(3) Rate to fit purpose;
(4) Flexibility in adapting rate to materials and purposes;
(5) Relation of rate to comprehension;
(6) Role of eye movements in different rates; and
(7) Norms for speed of reading.

RATE OF READING

1. McCall Crabbs Standard Test Lessons —
   See further description for use in improving Rate of Reading under COMPREHENSION 6.

2. Gates Peardon —
   See further description for use in improving Rate of Reading under COMPREHENSION 4.

3. EDL Controlled Reader —
   This machine should be used to increase rate of reading only after the student has mastered the basic reading skills based on his reading expectancy. It is most effective when used more often and for a short length of time. Never should more than one filmstrip be used at a sitting.

4. SRA Labs -
   The Rate Builder cards are introduced in the fourth grade laboratory to develop speed and concentration. Each card includes a short reading selection followed by comprehension questions answered in the Student Record Book. The teacher limits reading and answering time to three minutes. Students check their responses with the Rate Builder Key Booklet.

Dissemination (see attached materials)

Dissemination of material was guided by the public relations media of the Parkway School District and director of the project. Information was disseminated to the major newspapers as well local newspapers, Parkway News Bulletin, and bulletins generated at the clinic.

An open-house was held each month to allow parents of the district to visit the clinic. One-hundred guests visited the clinic during these open-houses.

The clinic staff made presentations at P.T.A. meetings and Board of Education meetings as a method of helping the public understand the functions of the clinic.

The narrative of the project has been sent to 25 districts located in Missouri, Illinois, and Wisconsin.

The director formed an advisory committee consisting of 5 members. This committee aided in describing the project at various meetings in the district. Both public and private schools were represented in the council.

Dissemination of the project and of services offered has been very successful. The coverage that was given to the project by the local press, and the L.E.A. has been sufficient to allow for a large portion of the community to have a better knowledge of what a clinic is and what services it offers.

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(Board Meeting, Cont.)

... Approved a recommendation that the Reading Clinic staff be permitted to occupy the house located on the former Schatz property (adjacent to Hanna Woods School) which was recently purchased by Parkway.

Right to Read Clinic Open House

The Right to Read reading clinic of the Parkway School District held an open house recently for Parkway staff members. John Borse, left, director of the clinic, visits with three elementary teachers, Sharon Iken, left, Diane Porter and Mary Ann Saale, all second grade teachers at Fern Ridge School. The Parkway Right to Read reading clinic, located in the southeast wing of Central Senior High School, 369 North Woods Mill Road, provides diagnostic services for Parkway area elementary students with reading difficulties and coordinates the work of clinic staff members and reading specialists in all 17 elementary schools. The clinic is federally-funded under a Title III Elementary and Secondary Education Act program. Its staff includes director John Borsa, two guidance counselors and seven reading clinicians.

Reading Clinic

The Right to Read Reading Clinic of the Parkway School District held an open house recently for Parkway staff members. Enjoying a visit during the open house are clinician Carolyn Golfin, left; counselor Tim Shea, back to camera; Janet Haas, clinician; and Mrs. Haas father, A.E. Wehmeier, supt. of the Jennings School District.

The Parkway Right to Read Reading Clinic, located in the southeast wing of Central Senior High School, 369 North Woods Mill Rd. provides diagnostic services for Parkway area elementary students with reading difficulties and coordinates the work of clinic staff members and reading specialists in all 17 elementary schools. The clinic is federally-funded under a Title III Elementary and Secondary Education Act Program. Its staff includes director John Borsa, two guidance counselors and seven reading clinicians.

Bellerive PTO Plans Meeting

John Borsa, director of the Parkway Right to Read Reading Clinic, will speak to the Bellerive PTO meeting at 7:30 p.m. February 9. In its first year of operation to assist in the diagnosis and treatment of reading disabilities, the clinic is a federally - bunded project for all children in the Parkway attendance area.

Reading Clinic Open House

The Parkway Right to Read Reading Clinic will hold open house between 12 noon and 1 p.m. on the following dates: December 6, January 10, February 7, March 7, and April 11.

The clinic, located in Parkway Central Senior High School, 369 North Woods Mill Road, is a federally funded project developed to help children with reading disabilities.

During the open house, clinic personnel will explain the function and goals of the clinic and attempt to answer questions of teachers, parents, and other interested persons. The public is invited to attend. John Borsa is director of the clinic.

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Wed., July 5, 1972, WEST COUNTY JOURNAL, Page 1-B

Parkway Receives Grant For Right to Read Clinic

The Parkway School District is the recipient of a Title III federal grant of $486,743 for use in an elementary reading clinic, according to a report presented to the Parkway Board of Education June 19 by Superintendent Dr. Wayne Fick.

Funds for the federal project will be used over a 3-year period, according to the following schedule: 1972-73, $206,797; 1973-74, $166,670; and 1974-75, $113,276. The grant is the largest ESEA federal grant yet received by the Parkway district.

According to the Missouri State Department of Education the project is the second largest in the state in total amount, and one of 13 projects accepted by Title III officials for the coming school year.

The clinic to be established will be called the Right To Read Reading Clinic, and will be located in a south wing of Central Senior High School on the Parkway central campus at 455 North Woods Mill Road, just north of the Ladue Road intersection.

Director for the project was named by the Board of Education at its June 19 meeting, effective July 1. He is John Borsa, who served Parkway during 1971-72 as a reading specialist at Fern Ridge and Robin Hill Elementary Schools. He is a graduate of Harris Teachers College and holds a master's degree in education from the University of Missouri. Borsa has been with the Parkway District since 1969. Prior to that time he was employed by the Hancock Place district for four years.

and two secretaries. The clinical setting will provide several conference and testing rooms, as well as office space.

During its first year of operation, beginning on July 1, it is estimated that approximately 300 Parkway students and 50 nonpublic school students will be served by the Right To Read Reading Clinic.

An in-service education program will be conducted for the professional teaching staff in the area of diagnostic procedures and remedial reading instruction, with 195 Parkway and parochial teachers expected to participate.

The Title III reading project was developed under the leadership of Dr. Robert Arnspiger, Parkway director of curriculum, with the assistance of Parkway language arts consultants Mrs. Marlynn Finley and Martha Sellenrieck.

Dr. Arnspiger will be the chief administrative officer of the project. Coordinator for all federal projects within the Parkway district is James Garrison, director of special services.

The project will provide an expansion of the present educational services for remedial reading diagnosis and instruction for the Parkway elementary school population through use of the reading clinic. In addition, the project provides for diagnostic procedures, a program of reading remediation, case studies, counseling and in-service education for the professional staff. The project will be research oriented as well as service oriented.

Private schools participating in the federal project include Barat Hall, a parochial elementary school for boys, and St. Monica's School, a parochial co-educational elementary school.

The Right To Read Reading Clinic will operate on a 12-month basis with the following staff: A project director, eight clinicians (reading specialists), two counselors

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THIS ARTICLE WAS PRINTED IN THE HIGH SCHOOL NEWSPAPER

Children's reading problems aided by innovative clinic

Two adjoining rooms in wing six have been converted for use as a reading clinic under the direction of Mr. John Borosa. The clinic, funded by a federal grant, seeks to aid average to above average students. National statistics estimate that ten percent of these students have trouble in reading.

During the school year the clinic, which has been operating since September, concentrates on helping students attending Parkway elementary schools and, during the summer, aids students from St. Monica's Elementary.

If a student is having trouble reading, his teacher or counselor, or the principal of the school, sends the clinic a referral, which identifies the specific problems in reading.

The clinic interviews the child and his parents immediately and begins testing the student. The counselors at the clinic determine the problem and report back to the school, letting the teacher know the best way to work with the student so that he may overcome his weakness. Meanwhile, the clinic works with the child regularly.

"Working in the clinic is a very worthwhile and satisfying activity. If you would ever want to go into the field of teaching, this would be the ideal situation," commented Mr. Borsa.

THE RIGHT TO READ READING CLINIC will sponsor a series of diagnostic workshops for elementary teachers during the weeks of February 5-9, March 5-9, April 9-13 and April 16-20. The Clinic will provide substitutes for teachers during the two full days of each workshop. Teachers will become familiarized with diagnostic and corrective methods used with students who need help with reading. Two teachers from each elementary school will participate in this training experience.

JOHN BORSA, director of the Right to Read Reading Clinic, presented a paper entitled "Early Identification of Learning Problems...Myth or Reality?" at an ongoing reading workshop at UMSL April 28.

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In the friendly environment of the Right to Read Reading Clinic, an elementary student and clinician Janet Haas play a word game during preliminary testing which will lead to diagnosis of possible reading disability. Early diagnosis of problem areas, combined with individualized help, result in marked improvement in reading ability in most cases.

The Right to Read Reading Clinic was established as the result of a project written by members of the curriculum department and funded through Title III of the Federal Government in the amount of $486,743 over a three-year period. This project will benefit disabled readers in Parkway and the teachers who seek to help such youngsters. The Clinic is representative of Parkway's commitment to meet the special needs of all pupils.

ST. LOUIS SUBURBAN INTERNATIONAL READING ASSOCIATION

MINI - WORKSHOP ON READING

JANUARY 25, 1973 - 7:00 P.M.
MEHLVILLE SCHOOL DISTRICT
TRAUTWEIN ELEMENTARY SCHOOL
5011 AMBS ROAD

SESSION 1 and 2 *Informal Assessment and Corrective Techniques - Primary Level*

Daronda Blevins and Susan Rick - Right to Read Reading Clinic Parkway

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Education

Parkway Gets $486,743 For Reading Clinic

A GRANT TOTALING $486,743 has been awarded to the Parkway School District under the Elementary and Secondary Education Act for use in an elementary reading clinic.

The funds will be used over a three-year period for the clinic which will serve nonpublic schools as well as Parkway schools.

Private schools participating in the federal project include Barat Hall, a parochial elementary school for boys, and St. Monica's School, a parochial co-educational elementary school.

The Missouri State Department of Education, which handles the funds for the Federal Government, noted that the reading project is the second largest in Missouri in terms of funding and the grant to Parkway is the largest to be granted to the district under the Elementary and Secondary Education Act.

The reading project will be called the Right To Read Reading Clinic. It will be established in the south wing of Central Senior High School at 455 North Woods Mill Road, just west of Ladue Road.

John Borsa, who has been a reading specialist assigned to Fern Ridge and Robin Hill elementary schools, will direct the project, effective July 1.

The project will expand existing educational services [illegible] the reading clinic.

In addition, the project will provide for diagnostic procedures, a program of [illegible] remediation, case studies, counseling and in-service education for the professional staff.

The clinic will operate year-round with a staff of 13: the director, eight reading specialists, two counselors and two secretaries. Several conference and testing rooms will be utilized.

In the first year of operation, it is estimated that about 300 Parkway students and 50 nonpublic school pupils will be served by the clinic.

Approximately 195 Parkway and parochial teachers will attend an in-service education program on diagnostic procedures and remedial reading instruction prior to opening of the clinic.

The reading project was developed under the leadership of Robert Arnspiger, director of curriculum, with the assistance of Parkway language arts consultants Mrs. Marilynn Finley and Martha Seligmeck.

THE FACILITIES of Rockwood School District's Ponderosa and Chesterfield Schools will honor Miss Garlin Kellison, a long-time teacher in the district, by having a portrait of her placed in the new Hawkins Road elementary school.

The Rockwood Board of Education recently named the new school in honor of Miss Kellison. It will be dedicated next fall.

Miss Kellison has been associated with several Rockwood schools in her career [illegible] Goldenrod after consolidation and the formation of the [illegible] district, Miss Kelli[illegible]

Parkway Reading Grant

■ FROM PAGE ONE

son was named principal of the new Chesterfield School.

TENTATIVE APPROVAL has been given an application by the Berkeley School District for federal funds to operate a program that would in effect allow senior students to decide their own needs in terms of courses.

Senior high school students who enroll for typing next fall will be able to choose the exact kind of instruction they believe will best fit their personal needs.

The new project, which will be funded with a $100,000 grant under the Elementary and Secondary Education Act, will test a new individualized learning program in typing.

The grant marks the first time Berkeley schools have received Title III funds under the act. The Title III program provides funds to develop new, improved solutions to educational problems.

Specifically, the new two-year program will determine the effectiveness of a new three-track plan aimed at individualizing typing instruction in large classrooms.

Goals of the program are to reduce failures, improve individual learning and provide for more extensive training in business education.

The district's large typing classes have resulted from the fact that up to 90 per cent of the students decide to take typing in high school.

By individualizing instruction, teachers hope to offset problems encountered in large classrooms where all students have been expected to achieve the same goals and attain a similar degree of skill in learning to type.

Under the new arrangement, teaching will center on small, individualized learning-unit packets. With them, students can progress at their own speed to any of three tracks — vocational, college-bound or personal typing.

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$52,656 grant for Parkway library, reading projects

Parkway School District has been notified that $52,656 in Title II federal funds will be granted the district for library and special reading needs projects, according to information received from the State Department of Education by Dr. Wayne W. Fick, superintendent of Parkway schools.

The Title II funds, granted through a program initiated by the United States Elementary and Secondary Education Act of 1965, will be used during the 1972-73 school year.

THE LARGER OF TWO GRANTS, $42,921, will be used for library resource materials for both public and private schools in the Parkway district. This total amount is allocated on the basis of $1.48 per student with enrollment figures of September, 1971 used from all participating schools. During the current school year, Title II funds for library use have amounted to $37,137.

Library materials purchased through Title II funds are processed at the Parkway library services office for all schools participating in the program, including private schools. The grant covers the salaries for staff members who process Title II materials.

IN ADDITION to the library resource grant, Parkway administrators have received approval of a $9,735 Title II Special Needs grant to provide additional funds to expand existing enrichment and developmental reading programs in the following schools; Barretts, Fern Ridge, Manchester, Mason Ridge, Robin Hill and Clayton Woods.

In the special needs Title II program, $200,000 is allocated by the federal government for Missouri schools and is administered on a state basis. Joint committees of librarians, reading specialists and other members of the teaching staffs prepared proposals for use of the funds.

Parkway Highs will graduate 1,294 seniors

Commencement exercises for 1,294 Parkway high school seniors will be held this week.

Commencement for 690 Central seniors will be held on the school athletic field at 6:30 p.m. on Tuesday June 6 — in the event of rain it will be postponed Wednesday 6:30 p.m.

Commencement for 604 West seniors will be held on Monday, June 5, at 6:30 p.m. on the athletic field. In the event of rain, ceremonies will be held in the gymnasium at 6:30 p.m. and 8:15 p.m.

AN OPEN HOUSE

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You are invited to attend an open house at the RIGHT TO READ READING CLINIC.

DATE: *October 3, 1972*

TIME: *3:30 - 5:30*

PLACE: *Right to Read Reading Clinic (map enclosed)*

AN OPEN HOUSE

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Parkway RIGHT TO READ READING CLINIC
455 North Woods Mill Road • Chesterfield, Missouri 63017
Title III, ESEA

John C. Borsa, Jr. Director
Phone: 434-1015

Reading Clinic Advisory Council

Members:

Sister Gracia Abel
Mrs. Mary Brauninger
Dr. Raymond Carroll
Mrs. Thelma Kubiak
Dr. Wallace Ramsey

First Meeting: December 18, 1972 4:00 p.m.

Agenda

1. Introduction
2. Tour of the clinic facility
3. Slide presentation of the program
4. The role of the clinic in a total district program

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PARKWAY SCHOOL DISTRICT staff BULLETIN

Parkway Schools

VOLUME 10, NUMBER 4 / SEPTEMBER 29, 1972

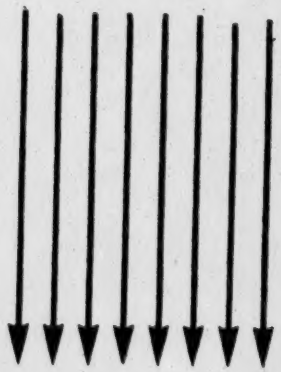
Right to Read Reading Clinic a reality

The Parkway Title III federally-funded Right to Read Reading Clinic is a functional reality. At the end of school last June, it was merely in the preliminary planning stages. On June 22 the district was officially notified of federal funding, on July 1 John Borsa (formerly reading specialist at Fern Ridge and Robin Hill) assumed his duties as clinic director, and on August 21, 12 staff members moved into the remodeled southeast corner of Central Senior. In the picture at left above, several reading specialists and counselors discuss clinic operation during a pre-school workshop. From the left around the table are Carol Barbie, Weber and Clayton Woods; Betty Palm, Manchester; John Borsa, standing; Marlynn Finley, Hanna Woods; clinic counselors Dorothy Burkemper and Tim Shea; and Gary Dunbar, Barretts and River Bend. At right are John Borsa and Marti Sellenriek, language arts consultant. Clinicians include Janet Haas, Arnold Schmidt, Daronda Blevins, Carolyn Golfin, Susan Rick, Sandra Brown and Dorothy Carlson. Secretaries Karen Hook and Carol Antoine complete the staff. An average of 14 students weekly are being processed through the clinic, with 6-8 hours of testing and student-parent interviewing before diagnoses and case study reports are prepared. Visit the clinic during an open house scheduled October 3, 3:30-5:30 p.m.

North Senior-East Junior open

Two new secondary schools opened their doors in Parkway on August 31, bringing the total number of schools district-wide to 25. Although the buildings are new, the concepts behind each of them have been carefully planned for several years by administrators, teachers, counselors, librarians, and many others, in addition to the usual architectural and contracting staffs. The faculties of North Senior and East Junior High Schools are teaching with the aim of preparing students for tomorrow's society--to instill in them values not only necessary for their skilled or professional success, but for success in daily living as well. At left, East Junior's librarian and her aides plan strategy on the first day of school. They include Lorraine Bergen at left, student teacher Shirley Lay, librarian Rita Linck and Fern Boucher. At right, seven North Senior staff members play a game entitled "A Balanced Life in a Cruel, Cruel World," designed to assist them in the formation of values as part of the total staff development program. Clockwise, from lower left, are Richard Blaha, Stephen Tellier, Paul Delanty, Emma Dietz, Russell Tuck, Vicky Holt and Ron Rogers.

ALPHA ONE A BEGINNING READING PROGRAM



a demonstration will be

presented on MARCH 28 → 4:00

at the READING CLINIC
— cent. senior high —

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Critical Analysis of the Project

A committee consisting of two clinicians, the secretary, and the director summarized then analyzed the 1972-73 school year.

This method was used as a means of helping the clinic decide on a course of action for the next school year.

Each objective was discussed in terms of -

a) successfully meeting the objective

b) relative merit of the objective when considering the ultimate goal - instructing children with a reading disability.

c) expenditure of time

d) should the objective be modified? Careful consideration was given to the alternatives available in each case.

Objective 1 -

The first objective was met. A total of 310 students were given diagnostic and remedial services.

Teachers, counselors, and administrators had the opportunity to observe clinic techniques. Response to a questionnaire sent to a random sample of teachers was very favorable.

A great deal of time was spent in diagnosis. An effective program must develop a balance between testing and instruction. It was felt by the committee that the 300 figure in the objective was unrealistic. After careful consideration and analysis of the referrals for the 1973-1974 school year it was felt that 200 students would be a more realistic figure.

This would allow for more time to be devoted to instruction.

It is recommended that the objective be modified to read "200 elementary students" rather than "300 elementary students."

Objective 2 -

The diagnostic phase of the clinic was very successful. One aspect of the objective which created difficulty was the numbers to be diagnosed. Three hundred children in a school year averages out to be very close to eight children a week. This is an unrealistic figure.

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In order to have a balanced program this number must be lessened to two-hundred.

Objective 3 -

The objectives for this section were met. It was felt that more time should be spent in the instructional phase of the project. This can be accomplished by reducing the number of children tested. The committee felt that teaching sessions should be increased to an average of three times rather than the average of two. This increased instructional time should produce greater gains in each area described in each objective.

The objective should not be modified. (refer to objective #1)

Objective 4 -

Objective 4 was successfully completed. A careful evaluation of the case-study has caused a change in the responsibility of administration of certain tests. The WISC will now be given by the counselor and the Picture Peabody will be given by the clinician.

The case study calls for many hours of clinic time. The committee felt that this time was very important.

This objective will need to be modified if the total number of 300 isn't changed to 200.

Objective 5 -

Teacher reaction to in-service has been rewarding. The general format and materials presented has been weel accepted. All goals were met or surpassed.

This objective should not be changed.

Objective 6 -

The counseling function has greatly aided in the diagnostic process. All phases of the main objective have been successfully completed.

The committee agreed that it was unfortunate that the counseling techniques could not be video-taped on a daily basis. Many examples of counseling techniques could not be recorded because of the demand for the video-tape machine in the district.

It is recommended that a video-tape machine be purchased for the clinic with Title III funds.

The objective should not be modified.

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After carefully considering the past year's progress the director and staff felt that more time should be spent in the instructional phase of the project. The testing, though successful, can only be a part of the full program. It is necessary that emphasis be placed on the instructional phase of the project.